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New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Ms. Mejía Vélez (Colombia), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President (*spoke in Spanish*): Bearing in mind the tight schedule of the ministers, I would like to strongly encourage representatives to limit their statements to the prescribed time limit of five minutes when speaking in their national capacity and eight minutes when speaking on behalf of a group. That will allow us to accommodate as many speakers as possible.

I now give the floor to His Excellency Mr. Perry Gomez, Minister of Health of the Commonwealth of the Bahamas.

Mr. Gomez (the Bahamas): At the outset, please allow me to take this opportunity to express the support and commitment of the people and the Government of the Commonwealth of the Bahamas with regard to the goal of ending AIDS by 2030. The Government of the Bahamas fully supports this high-level meeting and believes that it represents an important and unique opportunity for all persons and communities in the global AIDS response.

The Bahamas has listened carefully to the statements of various Member States and speakers over the course of this high-level meeting as they review the progress made in achieving the goals of the 2001 Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV and AIDS of 2006, including the obstacles and gaps, challenges and opportunities. The new targets and the ultimate goal of ending the AIDS epidemic require concerted new efforts and bold steps in HIV treatment and prevention, human rights and ensuring global and domestic investments.

The Bahamas has made considerable strides in its national efforts to scale up free antitretroviral treatment services, to make progress towards the elimination of mother-to-child transmission of HIV and to address stigma and discrimination based on HIV/AIDS status. The Government of the Bahamas commits to implementing the fast-track approach to the AIDS response over the next five years. Regionally, the Bahamas has taken the lead on providing access to universal health-care coverage. We will further the work towards achieving the ambitious Joint United Nations Programme on HIV/AIDS fast-track targets for 2020, as endorsed at this high-level meeting, through several means, including preventing new HIV infections, reducingAIDS-related deaths through intensified treatment programmes and eliminating HIV-related discrimination.

The Bahamas notes that those objectives are ambitious and as such require significant efforts to promote HIV/AIDS awareness, prevention and treatment. We agree that it is not business as usual.

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Fast-track implementation will require a multipronged, multisectoral approach with the involvement of important Government and other sectors, as well as international development partners and international public-health agencies, and the global funding mechanisms of other Governments, such as the United States President's Emergency Plan for AIDS Relief and the United States Agency for International Development.

The Bahamas has invested considerably in its campaign to address HIV/AIDS and currently devotes more than 91 per cent of its domestic health-care resources to HIV treatment. Notwithstanding those measures, the Government will continue to strengthen its partnerships with civil society and other non-State actors. The lack of adequate financing and the inefficient use of available resources sometimes pose major challenges to achieving such ambitious targets everywhere.

We need to address the inequality gaps in the emerging demographic and epidemiological patterns. The Sustainable Development Goals (SDGs) are important global planning tools for that process. The Government of the Bahamas reaffirms the 2030 Agenda for Sustainable Development (resolution 70/1) and acknowledges that the implementation of the SDGs can certainly bolster our efforts to end AIDS by 2030. In this new era of development partnerships, the Bahamas HIV/AIDS programme will be tackling the underlying factors that render people vulnerable to HIV infection. The Bahamas is prepared to do whatever is needed to end AIDS by 2030.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Milorad Šćepanović, Director General for Multilateral Relations of the Ministry for Foreign Affairs and European Integration of Montenegro.

Mr. Šćepanović (Montenegro): It is a great honour to address this extraordinary gathering on a matter that has so deeply affected the whole world, especially the marginalized and vulnerable sectors of society. I am certain that this important high-level meeting of the General Assembly on HIV/AIDS will provide a valuable opportunity to further scale up efforts to reverse the AIDS epidemic.

Montenegro aligns itself with the statement delivered on behalf of the European Union (see A/70/PV.99).

In welcoming the Political Declaration on HIV and AIDS that was adopted earlier at this high-level meeting (resolution 70/266, annex), we would like to thank the co-facilitators, the Permanent Representatives of Switzerland and Zambia, for their tireless efforts and leadership in conducting the intergovernmental negotiations.

Despite the significant efforts made over the past 15 years to combat AIDS, treatment has remained unequal across the world. People living with HIV face persistent stigmatization, discrimination and exclusion in all aspects of life and society, including health care. Given the extremely high infection rates in some parts of the world, as well as the death rates once AIDS develops, the pandemic truly represents a global threat to health, development, quality of life and security and stability. Furthermore, the pandemic is aggravated by punitive rules, policies and practices that deny vulnerable populations access to effective services. Although it may not affect every country equally, it affects entire regions, and therefore entire regions must address the issue together.

Progress in combating HIV/AIDS requires expanding the relevant approaches and programmes and advancing social justice and equality in the AIDS response and in global health. It is directly linked to a broader international development agenda and represents a prerequisite for reaching agreed universal development targets. In implementing the 2030 Agenda for Sustainable Development (resolution 70/1), therefore, we must expand a rights-based HIV response and strengthen links with human rights, social justice and the rule of law.

The current HIV/AIDS prevalence rate in Montenegro is 0.17 per cent. However, regional trends indicate a genuine potential for the rapid spread of HIV if prevention among the key target groups is not improved. The cumulative number of people registered with HIV in my country since 1989 is 194, of whom 99 developed AIDS and 47 died.

The Government of Montenegro is strongly committed to combating HIV/AIDS at the country level, strengthening strategic and institutional frameworks and addressing HIV/AIDS through the implementation of various national HIV/AIDS strategies. In the period 2005 to 2015, Montenegro made significant progress in the following areas: the publication of national guidelines as well as prevention and treatment

protocols; the revision of existing laws and policies; and the adoption of new policies and legislation.

Kay target groups have received the necessary materials and information about HIV prevention and medical services. The capacities of health workers have been strengthened, along with the capacity of prison staff, peer education, youth and non-governmental organizations and Government monitoring and evaluation institutions, including biological behavioural surveillance.

A national coordination body was established to ensure a coordinated further national response aimed at tackling the complex medical, social, legal and human rights issues associated with HIV/AIDS. The successes achieved must be maintained, and the national response must be intensified, so that we can provide universal access to key interventions in the field of HIV/AIDS prevention and treatment.

Montenegro is therefore considering ways to strengthen its efforts to respond to the remaining major challenges, including stigmatization and discrimination, as well as the lack of necessary research, data, technical expertise and human resources, and, within the Government, the sustainable and long-term financing of strategic activities. To that end, a new national strategy to combat HIV/AIDS covering the period from 2015 to 2020 was adopted. The Montenegrin strategy seeks to maintain the country's low rate of HIV infection by ensuring universal access to HIV prevention and treatment services and improving quality of life for people living with HIV through a coordinated, multisectoral response. The strategy covers five programme areas, namely, a focus on creating a safe and supportive environment without stigma or discrimination; HIV prevention and treatment services; care and support for people living with HIV; monitoring and coordination; and partnership.

HIV/AIDS clearly represents both an immediate and a long-term crisis for the international community, which cannot simply be addressed by way of a traditional State-centred approach. Success is possible only by ensuring global solidarity in creating strong leadership and commitment, and strengthening international cooperation and coordination to build on existing efforts and avoid overlapping, and with the participation of all the relevant stakeholders.

The crucial involvement of United Nations agencies and programmes, which have already played a significant role in leading the international response, is ever-more important. In doing so, we can be successful in ending the AIDS epidemic by 2030.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Zvonko Milenković, National Coordinator for HIV/AIDS of the former Yugoslav Republic of Macedonia.

Mr. Milenković (The former Yugoslav Republic of Macedonia): I am grateful for this opportunity to speak on behalf of the delegation of the Republic of Macedonia at this important and timely high-level meeting of the General Assembly on HIV/AIDS to discuss the implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS and to present my country's position in my capacity as National Coordinator for HIV/AIDS.

The Republic of Macedonia is currently drafting a new five-year national HIV strategy whose primary aim is to maintain the low HIV prevalence in our country. That will be achieved via a universal approach that includes prevention, treatment, care and support services based on upholding human rights and non-discrimination.

The Republic of Macedonia has a low-level, concentrated HIV epidemic. The small number of people currently living with HIV is attributable, in part, to an effective HIV response to date. The number of people diagnosed has increased in recent years — by one third in the past two and a half years alone.

HIV prevalence is increasing among certain key population groups, particularly men who have sex with men and male sex workers. That recent trend warrants early attention. There have also been small numbers of new diagnoses among other key affected populations, including people who inject drugs. Cases among the general population are low in number.

A significant proportion of people living with HIV are not aware of their status, as indicated by the late diagnoses in 2014, where 41 per cent of the newly diagnosed cases had progressed to AIDS. Poor detection rates lead to late presentation for treatment. That, in turn, adversely affects treatment outcomes, significantly increases short-term mortality risk and reduces the cost-effectiveness of treatment. The introduction of antiretroviral therapy has reduced mortality in recent years, but the data suggest that

earlier detection could significantly improve the effectiveness of antiretroviral therapy.

Total HIV spending in our country increased by nearly 80 per cent between 2008 and 2013. Most of the increase is due to a substantial growth in international funding. The Global Fund to Fight AIDS, Tuberculosis and Malaria has been the country's major international donor, contributing some 90 per cent of all donor funds in recent years.

Our current national strategy on HIV/AIDS will expire at the end of 2016, together with the financial support of the Global Fund. A new five-year national strategic plan is therefore being developed in a very new funding climate, amid concerns for the sustainability of our national HIV response. In response to the new climate, a sustainability and transition plan is being simultaneously developed to identify transitional funding mechanisms and facilitate the shift in the financing of our HIV programmes from international to domestic.

The current reliance on international donors for a substantial portion of HIV financing, coupled with an expected substantial reduction in international assistance in the short term, are key challenges to sustainable HIV programming in our country. Those challenges will be compounded if HIV incidence continues to rise. The further reduction of our dependence on external donor funding will require the establishment of transitional funding mechanisms to supplement and redirect public funding sources.

Optimizing current spending could reduce HIV deaths and new infections substantially and potentially avert a predicted future increase in the epidemic. The allocative efficiency of our current programmes could be improved by increasing investment in antiretroviral therapy and programmes aimed at men who have sex with men. If the current annual budget were allocated optimally among key populations and programmes, an additional 860 new infections and 290 deaths could be prevented by 2030.

The HIV burden in the Republic of Macedonia is increasing from a low base. Without improvements in the allocative efficiency of HIV programming, HIV incidence will increase sharply by 2030. With an optimized allocation of current resources, the number of new HIV infections could be reduced by as much as 85 per cent.

Current annual spending will be enough to achieve the national HIV strategic plan and international targets, but only if it is allocated optimally. With an optimized allocation of funding, annual future spending commitments attributable to new infections may be reduced.

In conclusion, although funding for HIV in the Republic of Macedonia has increased since 2008, international donors have financed much of the increase. Preventive programmes and programmes targeted at key affected groups are primarily funded by international donors. As such, the withdrawal of international funding without a concurrent increase in domestic funding will have a significant negative impact on the HIV epidemic in our country. Therefore, transitional funding mechanisms need to be explored with the aim of raising domestic funding to at least the level of the current total budget for the HIV response. International donor funding must be replaced with alternative funding, and such funding should be spent on an optimal mix of prevention programmes targeted at key affected groups and the scaling up of antiretroviral therapy delivery.

The Acting President (*spoke in Spanish*): I now give the floor to Ms. Esperina Novello Nyilok, Chairperson, HIV and AIDS Commission of the Republic of South Sudan.

Ms. Nyilok (South Sudan): I convey warm greetings from His Excellency the President of the Republic of South Sudan, General Salva Kiir Mayardit. My President could not be here owing to his engagement in the implementation of the Agreement on the Resolution of the Conflict in the Republic of South Sudan.

The Republic of South Sudan aligns itself with the statements delivered by the representatives of the Republic of Zambia on behalf of the African Group and the Kingdom of Thailand on behalf of the Group of 77 and China (see A/70/PV.98).

Allow me to take this opportunity to congratulate the Secretariat and sponsors for their leadership role and coordination of this high-level meeting of the General Assembly on HIV and AIDS. I would also like to thank and express our appreciation to Secretary-General Ban Ki-moon and Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS, for their commendable efforts towards ending the HIV epidemic.

This meeting presents a unique opportunity to reiterate our collective commitment to fast-track the HIV response over the next five years and beyond and to realize the 2030 vision. Reaching that vision entails continued collective partnership among Governments, the private sector and civil society.

The Republic of South Sudan is the world's youngest nation, having attained independence on 9 July 2011 after two decades of civil war. In 2013 the country experienced another political shock, which culminated in the signing and implementation of the Agreement on the Resolution of the Conflict in the Republic of South Sudan.

The population of South Sudan is estimated to be 12 million, with more than 51 per cent under the age of 18 and 72 per cent under the age of 30. South Sudan has a mixed HIV epidemic, with a national prevalence of 2.6 per cent, including 179,000 people living with HIV, 16,000 new infections recorded in 2015 and 13,000 AIDS-related deaths. The epidemic exhibits wide geographic disparity from one state to another.

Despite South Sudan's status as a post-conflict country with numerous challenges, its HIV response has been growing over the years. The number of people living with HIV who are on treatment increased from 3,512 in 2011 to more than 19,000 in 2015. The number of children on treatment also increased, from 164 in 2012 to 726 in 2015. The prevention of mother-to-child transmission has been scaled up considerably, leading to an increase in coverage from less than 18 per cent to the current 41 per cent. The increase can be attributed to the inception of the prevention of mother-to-child transmission Option B+ since 2012.

However, those numbers are still far from the targets that we had set for 2015, owing to the inaccessibility of some areas as a result of civil conflict and mass displacements of the population, especially in conflict areas. South Sudan has been endeavouring to catch up on the key targets, including halving and reversing the epidemic by 2015 and now, ending AIDS as a public-health threat by 2030.

The Government of South Sudan, as can be seen from its progress over the past five years, is committed to the AIDS response and is putting measures in place to address the epidemic across sectors. Apart from the health sector response I mentioned earlier, a number of key ministries have mainstreamed HIV programmes in their respective sectors. The Ministry of Health and the South Sudan HIV/AIDS Commission continue to lead the response and institute key policies, frameworks and guidance for the national AIDS response. The Ministry of Education has incorporated comprehensive sexuality education into the school curriculum so as to empower children and youth, both in and outside of school. The Ministry of Defence and Veterans Affairs and the Ministry of the Interior have instituted HIV programmes as a priority in order to safeguard the health of the uniformed forces, as well as the host communities. A strategy for a HIV response in a humanitarian setting has also been developed to guide the provision of HIV services to internally displaced populations and refugees.

Addressing stigma and discrimination and establishing the legal framework and political and social environments that enable an effective HIV response is a key priority for South Sudan. Furthermore, addressing gender-based violence, including sexual violence in conflict situations and the sexual and reproductive rights of young people, especially young women and adolescent girls, remains high on the agenda of the Government of South Sudan, as the President has pledged to end child marriage by 2030.

Gaps and challenges remain, including infrastructural, human and financial resources, which will take medium- to long-term development efforts to address. The humanitarian crisis has reversed some of the gains in the AIDS response, specifically in conflict-affected areas. South Sudan therefore welcomes a new political commitment to global HIV response so as to provide an impetus for the HIV and AIDS response.

In the spirit of the African Union's Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria in Africa for the period 2012-2015, the Government of South Sudan is committed to progressively contributing to the AIDS response, both in the framework of the health budget and in relevant line ministries.

In conclusion, South Sudan welcomes Africa's common position regarding this high-level meeting of the General Assembly on HIV and AIDS and is fully committed to contributing to the continental targets as a window of opportunity to fast-track the response aimed at reversing and ending the AIDS epidemic as a public-health threat by 2020 and 2030, respectively. We strongly call upon all nations to join efforts and translate the current Political Declaration on HIV and

AIDS (resolution 70/266, annex) into action. That will undoubtedly move the world towards a sustained response to HIV and AIDS. Together, we will achieve that goal.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Malick Sene, Executive Secretary of the National High Commission for the fight against HIV/AIDS of the Republic of Mali.

Mr. Sene (Mali) (*spoke in French*): On behalf of the President of the Republic of Mali, His Excellency Mr. Ibrahim Boubacar Keita, who is unable to attend, I reaffirm the commitment of the Government of Mali to achieving the goal of eliminating HIV/AIDS by 2030.

Over the past 35 years, Mali has carried out its response to the HIV/AIDS epidemic as a national priority. That has generated significant progress, both in prevention and in treatment, based on the protection of human rights, and in reversing HIV/AIDS prevalence to a rate of 1.1 per cent. If not for the crisis facing Mali for the past several years in the north of the country, my country would have reduced that rate to below 1 per cent.

Today the Malian Government's priorities with regard to the elimination of HIV/AIDS are based on five strategic pillars, namely, the elimination of mother-to-child HIV transmission; the protection of highly vulnerable populations in conflict zones, who face, on the one hand, a strong military presence and peacekeeping forces, and on the other, terrorist groups, violent extremists and organized cross-border criminal networks; a response targeted to the gold-mining areas or areas of traditional gold mining, which have become highly concentrated with at-risk populations from other areas of Mali and neighbouring countries and have become places of commerce of all kinds; an accelerated response in the poor areas of large cities, where limited access to basic essential services promotes the rapid spread of HIV; and protecting the human rights of people living with HIV and AIDS and sexual minorities against stigma, discrimination and exclusion.

The Government of Mali is currently developing a political declaration on the elimination of HIV for the next 15 years. The declaration will set out the responsibilities of each group and each sector of Malian society. For its implementation, the Government of Mali will make exceptional efforts to mobilize domestic resources through its national fund to combat AIDS

My delegation calls upon the international community, especially the West African community, to focus its attention on the possible dangers and threats linked to the traditional gold-mining phenomenon in our country, in the context of the fight against HIV/AIDS. Sites for the panning for gold are growing like mushrooms on a fertile ground of widespread poverty and risk, erasing the results of all of the efforts carried out by the Governments of the region. In that regard, the Malian delegation considers a sharper focus on the phenomenon essential, as it recognizes no borders between the West African countries and poses a dangerous risk of altering the epidemiology of HIV in the region, if nothing is done to ensure the elimination of HIV/AIDS.

With respect to United Nations support in Mali and the implementation of the Agreement on Peace and Reconciliation in Mali, in accordance with the Algiers process and with the support of the United Nations Multidimensional Integrated Stabilization Mission in Mali, the Malian delegation has invited the Secretary-General to take the necessary steps towards ensuring the training of peacekeeping personnel in the prevention of the spread of HIV/AIDS and to continue to encourage the training of personnel in peacekeeping operations before their deployment in the field, as much in the fight against HIV/AIDS as in the area of human rights.

This forum is an appropriate place to express thanks on behalf of the Government of Mali to the international community for the multifaceted support that it continues to provide to our country. I also wish to commend the outstanding efforts made by civil society and the entire population in the struggle against the scourge of HIV/AIDS.

The Government of Mali is aware that the challenges ahead are immense but not insurmountable. Given the human, social, economic, political and security challenges, there is no alternative but to continue efforts to transform Mali into a country free of HIV/AIDS. I conclude by reiterating my Government's commitment and appreciation.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Kesetebirhan Admasu, Minister of Health of the Federal Democratic Republic of Ethiopia.

Mr. Admasu (Ethiopia): The Ethiopian delegation aligns itself with the statement delivered by the

representative of Zambia on behalf of the Group of African States under this agenda item (see A/70/PV.98).

The Ethiopian delegation would like to thank the Secretary-General for his report entitled "On the fast track to ending the AIDS epidemic" (A/70/811), and takes note of the recommendations contained therein. We also welcome the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerate the Fight against HIV to End the AIDS Epidemic by 2030 (resolution 70/266, annex). We would like to affirm our commitment to the implementation of the Political Declaration, in accordance with our international commitments and national policies and laws and within the context of our domestic realties.

Our continent, particularly sub-Saharan Africa, bears the brunt and contributes nearly 71 per cent of the global total of HIV infections and 90 per cent of HIV transmissions to children. While HIV remains a major public health concern for Ethiopia, the epidemic has remained stable within the country, with an estimated prevalence rate of 1.1 per cent. That translates into approximately 769,600 HIV-positive individuals, of whom more than 400,000 are currently in treatment.

Ethiopia has taken various policy, legal, institutional and administrative measures to fight the HIV epidemic. Concerning policy and legal measures, HIV status is prohibited grounds for discrimination, under article 25 of the Constitution of the Federal Democratic Republic of Ethiopia, which guarantees to all people equality before the law and entitles everyone to equal protection under the law. With regard to institutional measures, the HIV/AIDS Prevention and Control Office is entrusted with the task of integrated management of the HIV/AIDS prevention and control activities in the country. The National HIV/AIDS Prevention and Control Council is chaired by the President of the Republic and includes the membership of high-level Government authorities, ministers and heads of the regional states, religious institutions and civil societies. This demonstrates the high priority given to the fight against the HIV/AIDS epidemic in Ethiopia.

To mention the administrative measures in a nutshell, in Ethiopia the fight against HIV/AIDS receives a high degree of attention and is part of the broad development plans, as HIV/AIDS-related issues are carefully incorporated into the implementation of national health, education, social, labour, capacity-building and other activities that have brought about positive results. Ethiopia has achieved national targets and international commitments through high-level partnership, community conversations about HIV, a health extension programme and, more recently, through deeper and more organized engagement by the community through what we call the health development army. The impressive results we have achieved together include a more than 90 per cent reduction in new infections and a 70 per cent reduction in deaths in less than a decade, thereby meeting the Millennium Development Goal targets. We attribute those achievements to a strong political commitment and sincere partnership with the community and our essential stakeholders. In particular, the brave efforts of HIV-positive individuals to control the epidemic are very much appreciated.

As I have already said, Ethiopia has witnessed an unprecedented decline in the rate of new HIV infections. Yet there has been a substantial variation in the prevalence and risk of infections within certain population groups and geographic areas. To address that challenge, Ethiopia has followed an investment case approach, making the prevention, care and treatment plan key pillars of the sustained response. The plan aims to pave the way for ending AIDS by 2030, averting 70,000 to 80,000 new HIV infections and saving more than a half a million lives by 2020.

The targets set are also in line with Joint United Nations Programme on HIV/AIDS targets known as the three 90s — the 90-90-90 treatment targets. To accelerate the current trajectory, Ethiopia just launched the Fast-Track Cities HIV Initiative to halt ongoing HIV transmission. Catch-up treatment campaigns will soon be launched to test the right people, find HIV-positive individuals and to link them all to care and treatment. All four transformational agendas in our health-sector transformation plan have a built-in focus on HIV. The information revolution, one of the transformation agendas, will help us to create a health and HIV literate community and to transform the way we use HIV data in decision-making. In the *woredu*, or district, transformation, second on the transformation agendas, the aim is to increase the number of model villages and districts, thereby envisioning an AIDS-free Ethiopia in the long term.

In the light of those measures, I am very happy to reaffirm our commitment to end the AIDS epidemic by 2030 by accelerating and scaling up our testing, treatment, care and support services, as our legacy to

both present and future generations. Finally, I would like to express my heartfelt appreciation to all our stakeholders for their sustained support. We express our readiness to diligently work within partnerships to fight the AIDS epidemic. Our top-tier efforts will continue until AIDS is relegated to a footnote in the annals of communicable diseases.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Theofilos Rosenberg, President of the Hellenic Centre of Disease Control and Prevention of the Hellenic Republic of Greece.

Mr. Rosenberg (Greece): It was in this very Hall that we met in June 2011, five years ago, for the high-level meeting of the General Assembly on HIV (see A/65/PV.90). In my home country, Greece, we experienced during this period a devastating outbreak of HIV infections among people who inject drugs. Both the well-known socioeconomic crisis and the gaps in the implementation of harm-reduction policies contributed to the outbreak. The Greek Government was, nonetheless, able to reverse the epidemic for that particular group of people.

Working side by side with local communities, along with civil society and international partners, the Greek Government rapidly scaled up highly effective harm-reduction policies, as well as HIV testing and treatment. We are now committed to maintaining those mechanisms to prevent such events from happening again in the future. The Greek Government recognizes the critical present juncture in accelerating the global response to HIV/AIDS. We now know what works and what does not. History will judge us harshly if we fail to act according to evidence-based practices. We should be collectively committed to be bold and practical in our approach to end AIDS.

We commend the vital work by the Joint United Nations Programme on HIV/AIDS on setting the 90-90-90 targets, which place special emphasis on HIV-prevention investments. We call upon the global community to move beyond public declarations and to scale-up interventions for key populations.

We wish to address our friends and neighbours in the region, as well as the wider region of Eastern Europe, to express our concern about the increased rate of new HIV infections. We call for a pragmatic public health approach in the spirit of World Health Organization (WHO) guidelines and the recently adopted Global Health Sector Strategy on HIV/AIDS for the period 2016-2021. Key populations are at the epicentre of the WHO Strategy. We therefore share the concerns raised by civil society on the language of the Political Declaration in front of us. Addressing stigma and discrimination needs to be reinforced in everyday practice, in our conversations and in our actual work in the field.

In Greece, as in all corners of the globe, men who have sex with men are disproportionately affected by HIV. The Greek Government remains committed to the concept of universal health-care coverage. Early diagnosis, treatment, prevention and innovations, such as pre-exposure prophylaxis, will need to be scaled up in order to realize our targets by 2020 — or even 2030.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Lokman Sulaiman, Deputy Director-General of the Ministry of Health of Malaysia.

Mr. Sulaiman (Malaysia) First of all, allow me to extend my sincere appreciation to the United Nations for convening this important General Assembly high-level meeting on ending AIDS. We are gathered here again to commit ourselves to end the epidemic that has caused much hardship throughout the world, an epidemic that knows no boundaries, be it one's social status, the colour of one's skin or one's faith.

For the past three consecutive General Assembly special sessions on HIV/AIDS, our commitments have been sustained through the continuous political support, strong leadership, undivided commitment and fervent efforts of all stakeholders at all levels. Through strong political commitment, workable policies, full participation and perseverance from various agencies, including Government health and non-health sectors, non-governmental organizations (NGOs), religious leaders, private partners, key populations and people living with HIV, we in Malaysia have been able to realize key areas outlined in the series of national strategic plans. As a result, we managed to achieve our MDG target to halve the infection rate in 2015, thereby contributing to the global initiative on HIV.

At the beginning of the epidemic, people who injected drugs were its main driver, which was caused by the sharing of contaminated needles. In 2000, almost 80 per cent of the total new HIV cases in Malaysia originated from among that group. Following the harm-reduction programme initiated in 2005, we were able to markedly reduce new HIV-infection cases among that group to only 16.8 per cent in 2015. A recently

completed study of that national programme showed that it also improved the social economic status and quality of life of its clients. Therefore, we would like to reiterate that the harm-reduction programme is a workable approach to HIV/AIDS intervention among people who inject drugs. We are committed to continue those efforts to ensure ending AIDS among that key population. Currently, our primary concern is the increasing rate of infections acquired sexually.

Being a pragmatic Muslim country — and a large majority of our problem is among Muslims themselves — Malaysia strives hard to reverse and halt the epidemic from a Muslim perspective. In that regard, religious leaders, public health physicians, NGOs representing the key populations and people living with HIV came together and drafted a training module. The module, available in the local language, English and Arabic, aims at creating awareness and advocacy among imams and Muslim scholars, especially in reducing stigma and discrimination.

In moving forward, Malaysia has produced and officially launched a long-term national strategic plan for ending AIDS to cover the period 2016-2030 in order to complement global initiatives on ending AIDS, as part of the post-2015 Sustainable Development Goals. We firmly believe that, if those strategies are implemented accordingly, we can close the AIDS chapter even sooner than anticipated in the year 2030. Our new strategic plan focuses on testing, accelerating antiretroviral coverage and upscaling prevention, especially among key at-risk populations. We also strongly believe that addressing issues of stigma and discrimination is as important.

The Government realizes that the battle on ending AIDS relies heavily on strong partnerships with other key players, especially NGOs and civil societies. This smart partnership, formalized in 2002, which emphasizes mutual understanding and shared responsibility, includes dedicated, consistent funding assistance to NGOs for all HIV responses, to which the Government will continue to commit.

Malaysia reaffirms its commitment to the global fight against AIDS as spelled out in the General Assembly 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex) that we have adopted.

The Acting President: I now give the floor to Mr. Syed Islam, Secretary at the Ministry of Health and Family Welfare of Bangladesh.

Mr. Islam (Bangladesh): First of all, I would like to thank the President of the General Assembly for convening this high-level meeting on HIV/AIDS at this critical juncture. HIV and AIDS continues to constitute a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large. Therefore, effective HIV and AIDS responses are critical to the achievement of the 2030 Agenda for Sustainable Development (resolution 70/1).

Our achievement in fulfilling the HIV/AIDS target of the Millennium Development Goal (MDG) 6 is satisfactory, but urgent efforts are needed to complete the unfinished business of the MDGs. We note with deep concern that the HIV epidemic remains a paramount health, development, human rights and social challenge that inflicts immense suffering on countries, communities and families throughout the world.

We are assembled at the United Nations to reaffirm our commitment to end the AIDS epidemic by 2030 as our legacy to present and future generations, to accelerate and scale up the fight against HIV and end AIDS to reach this target and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development (resolution 70/1). The 2016 Political Declaration on Ending Aids (resolution 70/266, annex) should have acknowledged the social, cultural, religious norms and values of all the Member States and their legal framework. However, we nevertheless acknowledge the Declaration.

Bangladesh is a country with a low HIV prevalence rate, as less than 0.1 per cent of our people are affected by HIV. We have a concentrated epidemic among people who inject drugs in the capital city, Dhaka. The infection rate among all other vulnerable and key population groups also remains very low, although there are multiple vulnerability factors that could contribute to the rapid spread of the epidemic. Despite the very high vulnerabilities posed by neighbouring countries and migrant workers, Bangladesh has managed to keep HIV from gaining ground for more than two decades through evidence-based implementation of prevention, care, support and treatment interventions.

That has happened due to proactive measures, including bold political leadership by our Prime Minister Sheikh Hasina. Taking inspiration from our Constitution, which stipulates that the Government is

responsible for ensuring health services for all citizens, Bangladesh has been successful in improving the health condition of our citizens and achieving most of the MDGs, including health-related goals, and containing the prevalence of HIV/AIDS at the minimum level in the country. The Government's adequate domestic resource allocations, strong partnerships with development partners and early programmatic targeted interventions by all the relevant actors have contributed to the success in reducing the prevalence of HIV/AIDS in Bangladesh.

While the Government of Bangladesh has allocated substantial domestic resources to address HIV-related prevention, care and support needs, Bangladesh thinks that ending AIDS is a collective global responsibility and that development partners need to continue to work with my country to address the vulnerability to HIV infection domestically. The Government of Bangladesh is committed to continuing effective HIV prevention care and addressing support services needs for all key and vulnerable populations.

This year, my Government hosted the twelfth International Congress on AIDS in Asia and the Pacific, which reviewed the HIV prevention, care and support needs of the Asia-Pacific region and reminded the countries and stakeholders in the region of the need to continue their political commitment to and investment in HIV responses. Our community-led and evidence-based HIV prevention programme has also set a good example for the region. We need to build on our achievements in limiting the spread of HIV by focusing further on strengthening the health system to address the country's unique epidemic pattern.

We need to scale up detection through mixed models for community-based and provider-initiated HIV testing and service integration; ensure universal access to antiretroviral therapy; integrate prevention services with existing infrastructures to address co-infections, and meet the special needs of antenatal mothers, adolescent girls and young people, migrants, and other vulnerable populations; ensure a sufficient supply of antiretroviral drugs and protect Bangladesh's right to manufacture such drugs under the World Trade Organization's Trade-Related Aspects of Intellectual Property Rights; and create and sustain a positive social and medico-legal environment.

As part of our overall commitment to the Sustainable Development Goals, the Government of Bangladesh remains committed to end AIDS in Bangladesh by 2030.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. Shanta Bahadur Shresthra Secretary of the Ministry of Health of Nepal.

Mr. Shrestha (Nepal): It is with great pleasure that I address the General Assembly at this important high-level meeting on HIV/AIDS to share Nepal's perspective. Let me extend my delegation's sincere gratitude to the co-facilitators and to the participants, whose tireless efforts contributed to the drafting of the outcome document adopted two days ago, entitled Political Declaration on HIV and AIDS (resolution 70/266, annex).

Nepal fully supports the Secretary-General's report (A/70/811) on the fast track to ending the AIDS epidemic. As correctly mentioned in the report, the global commitment to ending this epidemic, as set forth in the 2030 Agenda for Sustainable Development (resolution 70/1), is a great opportunity to end this global threat.

Nepal is fully committed to controlling the menace of HIV/AIDS. The Government of Nepal has accorded top priority to the fight against HIV/AIDS as a national health care policy. The Constitution of Nepal, promulgated last year, gives top priority to providing citizens access to health-care services in a special effort to promote and protect the health of marginalized populations.

Nepal has made good progress in reducing the rate of new HIV infections and mother-to-child transmission, while expanding access to HIV antiretroviral treatment. This high-level event provides us with an opportunity to take stock of the global situation regarding the AIDS epidemic, suggest strategic directions for further action and attract high-level political attention to ensure that all the necessary means will be taken to end the AIDS epidemic by 2030.

HIV/AIDS have been recognized as a priority in our 2016-2021 national health sector strategy. The national programme will be guided by our newly developed HIV Vision 2020 as part of the five-year plan (2016-2021) which has incorporated and ensured strong civil society engagement in the response. As HIV control is one of the priority national development programmes, the 2016-2021 plan carries the ethos of this constitutional provision to guarantee access to basic health services

as a fundamental right of every citizen. New infections in Nepal have been reduced by more than 50 per cent in comparison to 2010, and AIDS-related mortality has seen a similar drop. The prevalence among the 15-24 age group reduced by more than 50 per cent in the same time period.

Nepal has been implementing the programmatic strategies in the prevention of HIV through targeted interventions among key populations and pregnant mothers, providing antiretroviral treatment to people living with HIV and also providing care and support services such as community home-based care. We are close to reaching the national target of reducing 90 per cent of new infections among children.

A multi-stakeholder response to HIV/AIDS that encompasses prevention, treatment, care and support is our approach with a focus on the most vulnerable populations, including intravenous drug users, men who have sex with men, transgender persons, labour migrants and clients of female sex workers. The Government of Nepal is committed to ensuring the human rights of HIV/AIDS-affected and infected population and has taken appropriate measures to address the stigma and discrimination related to HIV/AIDS.

We also supported the involvement of people living with HIV/AIDS, representatives of key populations, civil society, health-care professionals, the private sector and other stakeholders in the run-up to the meeting in order to be able to fully capture the experience gained and devise innovative, evidence-based approaches to deal with the remaining challenges.

Needless to say, prevention is better than cure. Hence, prevention must constitute the cornerstone of the global HIV and AIDS response. It is our firm conviction that access to safe, effective, affordable, good-quality generic medicine and commodities for HIV treatment would greatly help our efforts towards HIV prevention, treatment, care and support.

Nepal, like many other developing countries, has been experiencing the triple burden of communicable diseases, non-communicable diseases and disaster-related emergencies. While we continue to grapple with traditional development challenges, natural disasters and poverty, fighting against HIV/AIDS is an additional responsibility that calls for an increased flow of resources from the international community.

In this collective journey, Nepal looks forward to the continuous and enhanced support of the international community with the commensurate and predictable means of implementation in the days to come if we are to leave no one behind and achieve the target of ending AIDS by 2030 as envisioned in the 2030 Agenda for Sustainable Development.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Luxembourg.

Ms. Lucas (Luxembourg) (*spoke in French*): This high-level meeting could not come at a better time. Following the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1) in September of last year, it is indeed a good time to undertake a comprehensive review of the progress made in the fight against HIV/AIDS, but also, above all, to mobilize a strong commitment to ending the AIDS epidemic by 2030.

Luxembourg fully associates itself with the statement made on behalf of the European Union (see A/70/PV.99).

As recalled in the Secretary-General's report (A/70/811), the fight against AIDS has achieved significant successes in recent years. The reasons for optimism with regard to the implementation of the 10 targets of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex) are real. Through scientific advances in recent years, the goal of administering antiretroviral treatment to 15 million people by the end of 2015 was attained, and even surpassed, by the spring of 2015.

We have managed to significantly reduce new infections among infants, with effective programmes for the prevention of mother-to-child transmission. Several countries have completely eliminated transmission, and we congratulate them. New HIV infections and AIDS-related deaths were also successfully reduced at the global level. However, as we approach the goal, we must not allow our efforts to flag. We are aware of the obstacles and challenges that still persist. We must take appropriate action.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has launched an ambitious new treatment target. The 90-90-90 initiative, which Luxembourg is proud to sponsor, aims to ensure that, by 2020, 90 per cent of people living with HIV will know their HIV status, 90 per cent of people screened will be receiving

sustained antiretroviral therapy and 90 per cent of all people receiving antiretroviral therapy will have a sustainably suppressed viral load. To that end, Member States can count on my country's tireless commitment, as well as that of Luxembourg's UNAIDS 90-90-90 champion, Mr. Marc Angel.

The issue of children affected by HIV/AIDS is another subject of particular concern to us. Despite successes in the prevention of mother-to-child transmission, one in two children infected with HIV is sentenced to not survive beyond the second year of life without receiving treatment. That is unacceptable. The lack of early diagnosis, of appropriate paediatric formulations of antiretroviral drugs, of integration of services and of compliance wtih treatment are all problems to which we must find an urgent solution.

We also remain concerned about the situation of adolescents and youth, especially young women and girls, who remain particularly vulnerable to HIV and who represent the only age group for which the rate of new infections has increased. Women and girls are still the demographic most affected by HIV in sub-Saharan Africa, with AIDS as the most common cause of death among women of reproductive age. That is why it is important to guarantee and promote full respect of sexual and reproductive rights, as well as to ensure access to sexual and reproductive health services and comprehensive sexuality education.

Key populations remain disproportionately affected by HIV, with prevalence rates well above those of the general population. Eradicating the AIDS epidemic will be impossible if the needs of sex workers, men who have sex with men, injecting drug users, transgender people, prisoners, migrants and persons with disabilities continue to be ignored and their access to health care limited. In addition, it is important to guarantee the necessary financial resources, particularly through official development assistance and other international resources, domestic resources and innovative financing.

For its part, Luxembourg will increase its contributions to the fifth replenishment of the Global Fund by 8 per cent for the period from 2017 to 2019. We hope that others will follow suit. We have not only the possibility of ending the AIDS epidemic; we have a moral duty to do so. If we do not seize the opportunity available to us today, future generations will not forgive us for it, and they would be right not to do so. Let us make the right choice.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Liechtenstein.

Mr. Wenaweser (Liechtenstein): This high-level meeting offers us a unique opportunity to come together and resolve to eradicate the AIDS epidemic by 2030. In doing so, we can illustrate once again the ability — and indeed the unique role — of the United Nations in addressing global health crises. Under the leadership of the Joint United Nations Programme on HIV/AIDS, the Organization has already played a central role in addressing an epidemic that had seemed an almost insurmountable threat in the lifetime of many of us.

For decades, AIDS has caused immense suffering and devastation. Over 34 million people have died, more than 14 million children have been orphaned and, each day, over 6,000 men, women and children continue to be infected with HIV. Eradicating AIDS would be a triumph of multilateralism based on the findings of science. It would also be the strongest possible expression of our commitment to the 2030 Agenda, with its strong pledge to leave no one behind. In it, we have already committed ourselves to the eradication of AIDS in the next 15 years. In agreeing to the measures needed to do so, we are also sending a clear signal that our success in achieving the 2030 Agenda depends on our success in combating AIDS.

Fifteen years ago, we came together and agreed on the Declaration of Commitment (resolution S-26/2). The threat posed by the AIDS epidemic at the time was significantly different, so we can rightfully claim that we got many things right in 2001. Over 8 million AIDS-related deaths and 30 million new HIV infections have been averted since. We have witnessed a 58 per cent reduction in the number of children newly infected with HIV, and over 42 per cent of people currently living with the virus have access to antiretroviral treatment. Harm-reduction programmes, including the availability of opioid substitution therapy as well as needle and syringe programmes, have been significantly expanded.

Overall, the gains in treatment have resulted in a 26 per cent decline in AIDS-related deaths in the last five years. These numbers allow for just one clear conclusion: we have learned what has worked and what has not. The recipe for success is therefore an evidence- and science-based approach. The lessons we have learned are key to shaping our future response. This is not a moment to be complacent. While we have achieved much, the epidemic continues to outpace our response.

In other words, if we do not step up the global AIDS response now, we will fail to achieve what is within reach: the eradication of AIDS by 2030. We therefore welcome the Secretary-General's fast-track approach in order to reach the 90-90-90 testing and treatment target within the next five years.

In some places, there is a real risk of misperceiving HIV/AIDS as a threat that we have already overcome. This can lead to setbacks instead of the progress that is possible. One of the lessons of the past 15 years is that fully taking into account the human rights dimension is a key ingredient of success. Stigma and discrimination continue to pose a serious threat to the full enjoyment of human rights for people living with HIV/AIDS, and almost, more important, such stigmatization has proved to be an obstacle to an effective response. Our global response must therefore address the needs, vulnerabilities and rights of those who are at particular risk of infection. People who inject drugs, as well as men who have sex with men, are both 24 times more likely to be infected with the virus than adults in the general population.

The removal of discriminatory and punitive laws that block access to HIV services for key populations and others is not just fundamental to the protection of human rights, but also to the effectiveness of the global AIDS response. We welcome the strong rights-based approach of the Political Declaration. But we also would have liked to see a clear statement that ending AIDS is possible only if we end the marginalization, and even criminalization, of certain groups.

It is paramount that our response focus on the needs of those who remain most affected by the epidemic — women and girls. While the number of women and girls of reproductive age dying from AIDS-related causes has declined by 35 per cent globally in the past five years, AIDS remains one of the leading causes of death among women and adolescent girls of reproductive age. Gender-based violence, harmful gender norms and unequal power relations in particular are factors that make them particularly vulnerable to the epidemic. The empowerment of all women and girls and the eradication of AIDS are therefore inextricably linked. Comprehensive sex education and access to combination prevention services are key elements of such empowerment.

The window of opportunity to radically change the trajectory of the AIDS epidemic is narrow. In the past 15 years, we have been able to gather a wealth of experience in the fight against the epidemic. It is now in our hands to fulfil our pledge to leave no one behind and to apply our proven tools adequately and equitably. Let us use the political momentum generated by the 2030 Agenda for Sustainable Development (resolution 70/1) to ensure a global AIDS response that will promote the quality of life, human rights and the dignity of all people living with, at risk of, and affected by HIV/AIDS.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Belgium.

Ms. Frankinet (Belgium) (*spoke in French*): Belgium fully aligns itself with the statement delivered by the representative of the Netherlands on behalf of the European Union (see A/70/PV.99), as well as the statement delivered by the Deputy Minister for Foreign Affairs of Argentina on behalf of the 49 countries with the same vision (see A/70/PV.97).

On the fifteenth anniversary of the adoption of the Declaration of Commitment on HIV/AIDS, which breathed enormous new momentum into the global movement to end AIDS, Belgium is convinced that the vision we all share to put an end to the AIDS epidemic will happen only if all Member States, regardless of the degree of severity of the epidemic that affects them, decide to adopt a policy adapted to the reality on the ground. The statistics clearly show that the epidemic remains a major problem on the global level. It remains a reality, even in Europe and on its borders.

The HIV epidemic is not just a great challenge for public health in our time, but it also constitutes a crisis in the areas of human rights and social justice. In the absence of the full eradication of the epidemic, it is essential to not only maintain the same level of action and investment but also to intensify our efforts by undertaking innovative efforts. That is because, contrary to what one might think, the reduction of an epidemic does not mean that there are fewer needs for investment in order to achieve the final objective, which is complete eradication. In that regard, the Declaration of Commitment (resolution 70/266, annex) we adopted is an important step in that direction.

Belgium supports the central role of the Joint United Nations Programme on HIV/AIDS (UNAIDS) within the United Nations system for global and national coordination of the response to the epidemic. That role is crucial and must absolutely be kept, if

not strengthened. In terms of the implementation of national strategies to fight against HIV/AIDS, the hand-in -hand work of the various stakeholders, countries, civil society, UNAIDS and its co-sponsors, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the private sector has proved to be effective and must be continued. If we want to fight effectively against HIV/AIDS, it is essential that we opt for a policy based more on scientific data that also includes the following approaches.

First, a differentiated, multisectoral approach should be focused on localization and key populations, such as young women, persons living with HIV, men who have sex with men, sex workers and those who inject drugs. Troubling signs of setbacks are being observed in certain countries and among certain groups who had previously shown substantial progress. It is therefore important not to hide the epidemic, or create a hidden epidemic, which could result from the stigmatization of certain vulnerable groups or the refusal to recognize their rights.

Secondly, we need a zero-tolerance approach that involves mobilizing the international community in order to substantiate our common vision of zero new infections, zero discrimination and zero AIDS-related deaths. This approach signifies more specifically a condemnation of sexual violence of any type towards children, girls and women, including domestic violence or against members of other key groups.

Thirdly, on a preventive approach, we need to reinvigorate combined prevention, including for adolescents, particularly through sex education and sexual and reproductive health-care services adapted and accessible to the young.

Fourthly, in our ongoing approach to chronic care, we must bring people who have the disease into an integrated health-care system. The private pharmaceutical system could play an important role in reducing the costs of that care. For example, the pharmaceutical industries in Belgium support various activities in providing access to high-quality products in low-income countries. Another challenge we face is the appropriate observance of prescribed treatments, particularly to limit the risk of developing resistance to certain medications. We have some tools at our disposal in that regard, such as digitalization and a patient-centred approach. The issue of resistance to medications is current because that topic itself will be discussed in the Assembly during the upcoming September high-level meeting on resistance to microcidal agents.

Fifthly, we must have a multisectoral approach for those most threatened by the virus and the civil society organizations that represent them.

The fight against HIV/AIDS is a collective political responsibility. In that context, Belgium is firmly committed to the fight, which is a priority for our country. Belgium attaches great importance to the eradication of AIDS, and we see it in a number of ways. First, this fight is integral to Belgium's support for strengthening the health-care systems of our partner countries. It requires an integrated, multisectoral approach, one based on human rights. Belgium is also a significant donor through multilateral organizations, such as the World Health Organization and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2014, Belgium was number 10 on the list of donors that funded UNAIDS. Moreover, the technical and strategic approach of Belgium's cooperation is sustained, among other things, by important and experienced stakeholders like the Antwerp Institute of Tropical Medicine, the Platform Be-cause Health and the Centre of Expertise for Sexual Health. It is also inspired by the work of our compatriot Professor Peter Piot, the former director of UNAIDS.

Nevertheless, the proportion of allocations dedicated to the fight against AIDS in the global international cooperation budgets should be gradually decreased as national financing increases. This theme is included in the new Sustainable Development Goals, as a number of speakers have noted. The third objective has to do with everyone being able to live in good health and the promotion of the well-being of the people of all ages. Ending AIDS should therefore be an integral part of that theme. The same applies to the realization of Goal 5, on gender equality and the empowerment of girls and women, which includes targets associated with health and sexual and reproductive rights. Those are necessary to put an end to the epidemic.

If we want the commitment undertaken 15 years ago to be something more than just wishful thinking, and if we do want to completely eliminate the epidemic by 2030, it is now high time to demonstrate the political will needed by adopting strategies that will allow us to achieve the objective that we set. The end of the global AIDS epidemic is in view, but is possible only if science

and efforts are accompanied by a specific commitment to respect human dignity and to put an end to injustice.

To live in a world without AIDS is not unachievable, but it is up to us to make the right decisions to reach that goal.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Tajikistan.

Mr. Mahmadaminov (Tajikistan): Allow me to extend our sincere appreciation to the President for convening this General Assembly high-level meeting on ending HIV/AIDS.

In its efforts to respond to the AIDS epidemic, the Republic of Tajikistan is guided by all the General Assembly documents on HIV/AIDS, such as the 2001 Declaration of Commitment on HIV/AIDS, the 2006 Political Declaration on HIV/AIDS and the 2011 Political Declaration on HIV/AIDS, entitled "Intensifying Our Efforts to Eliminate HIV and AIDS". In its fight against the HIV/AIDS epidemic Tajikistan has been actively cooperating with the international community, both on a bilateral and a multilateral basis.

Preventing the spread of HIV/AIDS is connected with such principles as the fulfilment of human rights and the fundamental freedoms of individuals. One of the significant accomplishments in that area was the lifting, in 2014, of all restrictions on entering and on residency in the country for foreigners, irrespective of their HIV status. Moreover, all foreigners are granted civil rights similar to those that Tajikistan citizens enjoy, including access to preventive measures, treatment, care and support for HIV-infected persons.

Due to the preventive measures available to the general population and the implementation since 2000 of programmes for reduction of HIV infection among groups at higher risk, currently the AIDS epidemic in Tajikistan is under control. The purpose of those programmes is to fulfil the human rights of individuals who belong to key groups at higher risk and to protect them against HIV infection.

As of early 2016, the number of HIV-infected individuals residing in Tajikistan totalled 6,117, with half undergoing treatment for HIV and receiving antiretroviral therapy, which considerably improves patients' health and increases their working capacity and lifespan. Antiretroviral therapy is provided to patients free of charge, which is an important outcome of the long-term fruitful ongoing cooperation between our country, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Nations Development Office in Tajikistan.

In recent years, as a result of preventive measures, including antiretroviral therapy within the framework of the risk-reduction programme, Tajikistan managed to halve HIV infection among the key population groups. Free antiretroviral therapy for HIV-infected individuals, which has been provided every year on a increasing scale, helped to halve mortality among them.

Like other countries in the world, Tajikistan objectively assesses the HIV/AIDS epidemic, which poses a negative challenge to societies at the national and global levels. In that regard, the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016-2021 Strategy on the Fast-Track to end the AIDS epidemic by 2030 is a very timely endeavour, since it accounts for one of the key aspects of achieving the Sustainable Development Goals. Tajikistan fully supports the UNAIDS Strategy. At the moment, our country is completing the process of adapting the goals and targets of that important document to the country's current realities, and will take them into account while developing a new five-year programme to fight HIV.

In conclusion, allow me to reaffirm once again the commitment of the Republic of Tajikistan to continued cooperation with the international community to end the global HIV/AIDS epidemic.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Jordan.

Mrs. Kawar (Jordan) (*spoke in Arabic*): Allow me, at the outset, to extend my thanks and appreciation to the co-facilitators from Switzerland and Zambia for their tireless efforts, which culminated in this high-level meeting on ending AIDS and with the Political Declaration on HIV and AIDS (resolution 70/266, annex). We hope the meeting will be an important platform to relaunch our work in confronting AIDS and to realize our common goals, especially when it comes to building the capacities of the least developed countries and middle-income countries, the transfer of HIV/AIDS technologies, investment in scientific research and building the capacities of civil society organizations engaged in that regard.

As is the case in other Middle East and North African countries, Jordan suffers due to regional instability, economic challenges and the movement of

persons. The latter might contribute to the emergence of new communicable diseases, such as AIDS, especially as we are currently facing one of the worst human displacement movements since the Second World War. However, Jordan still enjoys low HIV/AIDS prevalence among its general population.

As part of its the national response to HIV/AIDS, Jordan is committed to the Political Declaration (resolution 70/266, annex). The Ministry of Health has established a national programme for fighting AIDS following the first detection of AIDS in 1986. We developed our first national AIDS strategic policy for the period 2005 to 2009. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has extended technical support to the Ministry of Health in updating that policy and to lay down a new strategic plan to assess the current status of the epidemic, the key motives, at-risk behaviours and gaps in the national response.

Jordan's national strategy will be mainly based on five main points that constitute the national framework: first, the enhancement of the availability and reliability of strategic information; secondly, the enhancement of HIV prevention by focusing on the most at-risk populations; thirdly, the improvement of the detection of HIV cases and providing care and support to people living with HIV; fourthly, the creation of a supportive legal and political environment for an effective response; and fifthly, the building of organizational, institutional and technical capacities to realize an effective response.

It is obvious that HIV/AIDS has a very significant negative impact on the workforce as it disproportionately affects the working populations, which eventually adversely impacts the social and economic infrastructure. Therefore, Jordan is committed to the International Labour Organization (ILO) HIV and AIDS Recommendation 200 and the ILO Code of Practice on HIV/AIDS and the World of Work, which protects the right to work and the right of equal access to job opportunities for people living with HIV/AIDS, supports the legal revision process and the amendment of national legislation to align it with international criteria and commitments related to HIV/AIDS, and guarantees that workers, their families and their dependants will eventually obtain all means of protection, prevention, care and support.

Jordan also observes the Arab Strategic Framework for the Response to HIV/AIDS (2014-2020), which was adopted by the Arab Ministers of Health in March 2013. The Framework aims to reduce HIV infection by more than 50 per cent by 2020, to eliminate all new infections among children, and to accelerate efforts to create universal access to antiretroviral drugs for more than 80 per cent of infected people.

While we are speaking, one child is orphaned every 15 seconds. That means that millions of infants and children have already lost their parents to AIDS. Let us ask ourselves how many more children must be orphaned in order for us to realize that we are living in a single world and that our response to AIDS mainly depends on our solidarity. Only when we all realize that this is not an issue for any single country or culture, but that it is our common cause, will we be able to successfully eliminate this disease.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of the Islamic Republic of Iran.

Mr. Khoshroo (Islamic Republic of Iran): At the outset, I would like to thank the President of the General Assembly for organizing this important high-level meeting on ending HIV/AIDS. I also recognize and appreciate the role played by the Permanent Representatives of Switzerland and Zambia in leading the consultations that resulted in the new Political Declaration on HIV and AIDS (resolution 70/266, annex).

I would also like to take this opportunity to emphasize the importance of a comprehensive yet effective response to the HIV/AIDS epidemic, through which our commitments translate into meaningful actions. The Islamic Republic of Iran has been widely and repeatedly acknowledged for its pragmatic approach and response to the HIV epidemic. The Islamic Republic of Iran has successfully implemented, with the broad participation of civil society organizations, an extensive and effective harm-reduction programme in both closed and community settings, and has thereby been able to control HIV transmission among injecting-drug users. However, the proportion of other modes of transmission is increasing. In that regard, the AIDS response in Iran is evolving to address the next wave of HIV infections through a more comprehensive approach that calls for a more coordinated and multisectoral response.

The Islamic Republic of Iran — cognizant of the significance of relevant scientific evidence, and after reflecting on its commitment to an evidence-based

response that is culturally appropriate and sensitive — recently adopted a national strategy that incorporates the 90-90-90 targets and is designed to end the AIDS epidemic in the country by 2030. Drawing on the lessons learned following more than 30 years of success in its primary health-care programme, Iran is of the view that if the HIV response is to be successful, it should be integrated within the existing primary health-care structure, while engaging the full range of relevant partners in the response and rigorously using quality strategic information to continuously improve the scope and quality of the national programme.

Investment allocated by the Government, especially to most-at-risk populations, is the prominent indicator of Iran's commitment to its HIV/AIDS programme. More than 95 per cent of HIV expenditure is borne by domestic resources, and the Government has plans to spend even more in the future. Yet, the Islamic Republic of Iran acknowledges the critical and strategic contribution of international partners — notably the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria — to the national HIV response. It is hoped that following the Iran deal and in the interest of the HIV/AIDS response, the transfer of knowledge, technology and expertise will be more available and facilitated. Iran welcomes international collaboration in decreasing the costs of treatment and improving access to prevention, care and treatment and universal health coverage towards achieving the 90-90-90 goals.

Iran remains committed to the health and dignity of people living with HIV. In line with the national strategy, and as part of its national AIDS programme, Iran will strive to bridge the testing and treatment gaps over the next few years. Our recently launched health transformation programme provides a lens through which the national HIV response will concentrate on locations and populations with the greatest need — namely, cities and their outskirts — thereby accelerating progress towards our ultimate goal of ending the AIDS epidemic.

Ultimately, the success of the global AIDS response lies in effective leadership and collaboration at the national, regional and international levels. In the Middle East and North Africa regions, we are tragically reminded every day that HIV is competing for attention and resources against other pressing issues, including those caused by poverty, hunger, emergencies and conflicts. Yet we cannot miss this critical window of opportunity to end the epidemic in our region and our world. The Islamic Republic of Iran is one of the very few countries in the Middle East, North African Persian Gulf regions that has established a robust surveillance system and provides regularly updated information about the situation of the epidemic and its response. Iran is ready and willing to share its experiences in HIV control and harm reduction with interested countries especially through South-South initiatives and international knowledge hubs.

In conclusion, we renew once again our commitment to helping end the HIV epidemic by 2030, and welcome the prospect of greater collaboration, which would advance this highly important component of the Sustainable Development Goals.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Georgia.

Mr. Imnadze (Georgia): I am honoured to address this high-level meeting to highlight our accomplishments, analyse challenges and seek the best solutions and future decisive steps to be taken to end the AIDS epidemic.

Amid the tremendous progress the United Nations has made in human development throughout the world, the scope and scale of the commitment to addressing the AIDS epidemic call for special recognition. The Declaration of Commitment of 2001 and the Political Declarations on HIV/AIDS of 2006 and 2011 have marked the historic platform for the worldwide AIDS response. We welcome the commitment to ending the AIDS epidemic by 2030 as reaffirmed in the Political Declaration (resolution 70/266, annex) that was adopted in this very Hall the day before yesterday.

In recent years, Georgia has implemented successful reforms and taken an essential step forward to building a truly democratic, stable and prosperous society. Among them is the effective reform my country's health system has undergone in order to launch a universal health-care model, which will greatly contribute to achieving the health-related goals and targets set by the 2030 Agenda for Sustainable Development (resolution 70/1).

Georgia responded rapidly to the growing threat of HIV epidemic in the 1990s by establishing an effective AIDS control service and building up a productive partnership with civil society and international institutions. This allowed my country to

avoid a wide-scale HIV epidemic and thereby avert a heavy human toll and a devastating economic impact. Since 2004, Georgia has become and remains the only country in the region that ensures universal access to antiretroviral therapy, and in 2015 became the first in Eastern Europe to implement a treat-all policy offering antiretroviral therapy to all HIV-positive persons, regardless of immune status or disease stage. This is very important both in terms of increasing life expectancy and preventing new HIV infections.

Since 2005, Georgia has also ensured universal access to prevention of mother-to-child transmission services, including HIV testing and counselling, and prophylactic antiretroviral therapy. As a result, there have been no cases of mother-to-child transmission of HIV among persons enrolled in the prevention of mother-to-child transmission programme. Georgia has successfully rolled out prevention programmes for key affected populations, including a comprehensive harm-reduction package for people who inject drugs. In 2017, Georgia will start the first pre-exposure prophylaxis programme in the region for high-risk men who have sex with men.

The country coordinating mechanism chaired by the Minister of Labour, Health and Social Affairs represents the single national AIDS-coordinating authority. Broad representation in the mechanism of the Government, civil society and international partners ensures multisectoral coordination of the national response.

In 2015, Georgia updated its national strategy on HIV/AIDS, which outlines a transition plan from donor funding to domestic reliance for HIV response. It should be noted that the Government of Georgia has gradually increased public allocations to HIV/AIDS, which reached $8.7 million in 2015, representing a nearly 100 per cent increase as compared with 2011. We are working closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria and other international partners to ensure that prior accomplishments are sustained and that the national response is further accelerated during the transition.

Along with the aforementioned successes, challenges need to be mentioned as well. Although we have not witnessed a wide-scale HIV epidemic, the number of new infections has been increasing slowly but steadily. Undiagnosed HIV, due to the low HIV testing coverage of key populations, has been identified as a major factor behind the growing epidemic. While 5,700 cases of HIV infection have been registered officially, the estimated number is more than 9,000. My country has developed an action agenda towards minimizing this gap in HIV diagnosis as a crucial step towards achieving the 90-90-90 targets by 2020.

The Georgian Government is strongly committed to meeting Sustainable Development Goal 3. In April 2015, Georgia, with the support of the Centers for Disease Control and Prevention and Gilead Sciences, initiated an unprecedented programme to eliminate hepatitis C in the country. This groundbreaking public health initiative provides a unique opportunity to leverage broader health outcomes and integrated approaches to responding to both HIV and hepatitis C by scaling up testing, prevention and treatment interventions.

Thirty-five years of the AIDS burden have shown that without solid political will and effective leadership, we cannot achieve our goal. During this battle, we have emerged stronger and more committed to ending this epidemic, securing future generations and thereby saving millions of lives.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Brazil.

Mr. De Aguiar Patriota (Brazil): Fifteen years ago, our countries met in this same plenary in the context of the first special session of the General Assembly on HIV/AIDS. It is encouraging to acknowledge the impressive progress achieved globally. The fact that this meeting is all about ending AIDS in the next decades, in line with the 2030 Agenda for Sustainable Development (resolution 70/1), shows that there are some good reasons for optimism. Yet, we all know that there is still so much to be done if we want to put an end to the AIDS epidemic by that term.

Brazil fully supports the Joint United Nations Programme on HIV/AIDS 90-90-90 goal as a means to rapidly scale up the global response to HIV/AIDS in order to achieve target 3.3 of Sustainable Development Goal 3 ten years later. Both that goal and the strategy envisaged in the Secretary-General's report entitled "On the fast track to ending the AIDS epidemic" (A/70/811) require us to articulate the three elements that must guide our efforts: universalizing access to prevention and treatment, promoting the human rights of people infected with HIV/AIDS and ensuring the availability of the necessary national and international resources.

Brazil pioneered the universalization of access to treatment in the 1990s. Back in 1996, we adopted a national law establishing that free treatment would be made available by the national health system to all infected persons, which helped create the basis for a full-fledged national programme. In the following years, Brazil remained at the forefront of the best practices in the HIV/AIDS response. We were the first developing country to adopt the treatment-as-prevention approach, recommending antiretroviral therapy from the very beginning of infection, independently of viral load count. That recommendation was endorsed by the World Health Organization two years later.

Today, 474,000 people benefit from antiretroviral therapy in my country. Since the costs involved are challenging, it is important to emphasize the crucial role played by States — either alone or associated in the context of regional organizations, for example — in creating mechanisms to help reduce therapy prices, such as active negotiation practices in the public procurement of medicines, the creation of markets for generic drugs and the development of industrial policies for the medicines sector. Nowadays 11 of the 22 antiretroviral drugs used in Brazil are produced locally, prices charged domestically by pharmaceutical companies are much lower than international average prices, and many partnerships for productive development have been established allowing for the transfer of technologies to the domestic public industries.

Luckily enough, the international institutional framework for HIV/AIDS response is much more sophisticated and efficient than it was 15 years ago. We must acknowledge that the action of innovative mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Global Alliance for Vaccines; and the Immunization and International Drug Purchase Facility had a big impact in the last decade and a half, particularly in low-income countries helping overcome institutional and market failures that hindered lower prices and, consequently, the access to medicines.

Having said that, it is important to stress in this forum the role played by the public health flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights. Even if seldom evoked, they are the silent cornerstone of the lower prices and access policies developed nationally and internationally and are here to stay. In current discussions on the global response to the challenge of antimicrobial resistance, for example, we must make sure that there will be no step backward in access to treatment.

In the era of combined prevention of HIV/AIDS, the debate on treatment is increasingly intertwined with that on prevention. In that realm, this meeting will make history as it endorses the focus on key populations most heavily affected as a decisive approach to help reach our ambitious yet viable goals for 2020 and 2030. I will go further and affirm that key populations should not be seen as a passive focus but fundamental allies in the response and should be empowered accordingly through national policy. The participation of civil society in HIV/AIDS policy councils remains a crucial tool for the inclusiveness and effectiveness of our policies. In that effort, regional and national specificities should be recognized, as is the case, for example, in Brazil, of the high incidence of HIV/AIDS among people who use stimulant drugs and young men who have sex with men.

The focus on key populations is a matter not only of effectiveness, but also of promotion of human rights, without any discrimination. In Brazil, our Congress adopted two years ago a national law turning discrimination against people living with HIV/AIDS into a criminal offence, subject to imprisonment and fines, in the spirit of the Political Declaration of the 2011 high-level Meeting.

Finally, although the successful experience of the past 10 years has allowed us to know quite well how to end AIDS, knowledge will not be sufficient if the world does not scale up the investment needed to meet our goals. That is not news, since we have agreed to do that both in the 2030 Agenda for Sustainable Development and in the Addis Ababa Action Agenda. The Secretary-General points out very precisely in his report that it is false to affirm that global solidarity for HIV/AIDS has reached its limit, since the large majority of high-income countries donate a share of total international resources available for HIV/AIDS below those countries' proportion of world gross domestic product. Multi-stakeholder partnerships should also continue to play a crucial role and, together with official development assistance and adequate domestic resource mobilization, have a decisive impact in developing countries.

There is so much that can still be done. The Brazilian Government, in line with our tradition of solidarity and our progress in the response to HIV/AIDS, will continue to engage in cooperation efforts

with our partners in the developing world, particularly in Latin America and the Caribbean and in Africa, to help strengthen the global response. In all our countries, despite all progress, too many people are still being infected with HIV. At this juncture, we have a unique opportunity to end the epidemic and no one should be left behind. The General Assembly can count on Brazil.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Morocco.

Mr. Hilale (Morocco) (*spoke in French*): The Kingdom of Morocco endorses the statement delivered by the Minister of Health of Zambia on behalf of the Group of African States (see A/70/PV.98).

Our meeting today is timely in more ways than one, as it comes 35 years after the beginning of the HIV/AIDS epidemic and 15 years after the adoption of the Declaration of Commitment on HIV/AIDS. It also comes one year after the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1), which adopted target 3.3 to put an end to AIDS by 2030. It shows the crucial importance of this meeting for world leaders so that they may re-examine and renew their determination to fight HIV/AIDS. It also provides decisive proof of the interest and attention that the international community and the United Nations continue to attach to this very important issue. In addition to being a health problem, HIV/AIDS is fast becoming one of the main economic, social and development challenges of this century, with considerable effects on individuals, families and entire communities the world.

It is true that considerable progress has been made in mobilizing additional resources, especially financial resources, and in the search for a cure or a vaccine. However, this disease remains one of the greatest scourges of our time. The international community must therefore continue to confront this epidemic with courage and determination. The battle that we must all wage must be carried out through collective action, shared responsibility and a firm commitment — all together and without leaving anyone behind.

Morocco welcomes the holding of this meeting, which will pave the way for a world without HIV/AIDS. My delegation would like to take this opportunity to thank the co-facilitators for their outstanding efforts in negotiating the Declaration (resolution 70/266, annex), which we adopted Wednesday. The Kingdom of Morocco adheres to the Declaration and fully supports the bold and achievable vision for the achievement of 90-90-90: the reduction of 75 per cent of new HIV infections and zero discrimination by 2020.

Since the beginning of the epidemic in 1986, Morocco has stepped up its efforts in the fight against AIDS, particularly through the gradual implementation of measures and strategies to counter the spread of the virus, with a culture of partnership, involving Government departments and a rich and vibrant civil society in the Middle East and North Africa region, as well as locally, nationally and internationally. The personal commitment of His Majesty King Mohammed VI has lent vital impetus to the new strategic plan with two objectives: to care for patients without any discrimination or exclusion and to implement the Declaration of Commitment on HIV/AIDS adopted in 2001 and the Political Declarations on HIV/AIDS in 2006 and 2011.

The Kingdom of Morocco, which has implemented Sustainable Development Goal 6, on HIV/AIDS, has made the fight against this scourge one of its priorities. The founding principle of Morocco is to protect those infected and affected by HIV and to slow the spread of the disease without discrimination and stigma, in accordance with universal standards of quality, solidarity, equality and cultural sensitivity.

Aware of the importance of prevention, Morocco has established several programmes and awareness campaigns to fight HIV/AIDS. Despite the low prevalence of HIV/AIDS in Morocco — less than 0.1 per cent of the population — my country has found that most of the new cases reported appear among the most marginalized populations. Combined prevention programmes have been strengthened by the design and implementation of standards and appropriate tools. Therefore, 150,666 people from these communities have benefited from prevention programmes in 2015. These programmes are developed, planned and implemented in a community approach with the effective participation of the populations concerned.

Morocco has also set up a national HIV screening strategy, which has allowed for the integration of screening activities in primary health care facilities, in birthing centres and community associations. This dynamic has allowed us to have a tenfold increase in the number of people counselled and tested between 2011 and 2015.

With regard to care, Morocco has adopted, since 1997, a national strategy on free access to care and treatment for people living with HIV/AIDS. Therefore, free access to antiretroviral therapy and biological monitoring has been widespread since 2003 for anyone living with HIV eligible for treatment. Access to antiretroviral treatment was strengthened with the adoption, in May 2015, of the new recommendations by the World Health Organization with respect to the test-and-treat model, which enabled a 93 per cent increase in the number of people receiving treatment in 2015.

Thanks to these efforts at prevention, screening and antiretroviral coverage, Morocco was among the first countries in the Middle East and North Africa region to record a decrease in the number of new HIV infections, which decreased by 42 per cent in 2015. In addition, a national strategy on human rights and HIV was developed and implemented in close collaboration between the Ministry of Health and the National Council of Human Rights and involving various national partners, Government sectors and civil society. This strategy aims to promote the rights of people living with HIV and to fight against the stigma and discrimination they face.

Implementing innovative initiatives is important. Ensuring their effectiveness is a necessity. It is in this context that my country has developed a national strategic plan to fight against AIDS 2017-2021, to ensure access to treatment for all, to capitalize on the achievements and integrate Morocco's vision for HIV/AIDS as part of the 2030 Agenda for Sustainable Development (resolution 70/1). This strategic plan was based on epidemiological data collected through extensive research conducted by the Ministry of Health in order to better understand our epidemic and come up with appropriate solutions. All stakeholders have been involved in the development of this plan, including institutional departments, civil society and representatives of people living with HIV. The implementation of the national strategic plan will also focus on reducing inequality in terms of gender and participation by mobilizing all institutional forces and civil society.

The fight against HIV/AIDS requires increased solidarity and greater sharing of responsibilities to end AIDS by 2030. A world without new infections must be our goal, as should access for all patients to treatment. It is vital, obviously, to focus attention and resources on specific measures based on evidence in order to improve the efficiency and yield positive results, while encouraging action over which the country and the population have control.

The lives of millions of people affected were spared and discrimination and stigma have been reduced. Recent developments show that the world is winning the battle. Commendable efforts have been made in the field of biomedical research to develop new drugs, microbicides and vaccine candidates. Funding is undoubtedly necessary to achieve the ambitious goals that the international community has set.

HIV/AIDS is not just numbers. It is individuals, families and societies. HIV/AIDS affects everyone and every nation. My delegation strongly believes that the collective efforts of Governments, civil society and the scientific community must be consolidated to eradicate this scourge. Moreover, we cannot forget to thank UNAIDS and the Global Fund against AIDS, Tuberculosis and Malaria for their outstanding work and support.

I take this opportunity to reiterate Morocco's determination to continue to contribute to the international effort to eradicate AIDS and to make every effort to achieve the vision and objectives set for 2030.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Seychelles.

Ms. Potter (Seychelles): Today marks a very important milestone in the fight against HIV/AIDS, as we all declare our commitment to identifying new strategies to ensure that we eliminate the prevalence of AIDS worldwide. We have already seen great transformation in the global fight against AIDS over the years, with unprecedented levels of research and the development of new policies to combat the epidemic, as well as a global effort to achieve the Millennium Development Goals (MDGs). We must continue to fight even harder, as we set out to implement the Sustainable Development Goals (resolution 70/1, annex) by 2030.

Seychelles, as a small island developing State, has already made tremendous progress in mitigating the prevalence of HIV/AIDS in our country. However, we were not able to escape the grasp of this devastating epidemic and were unable to fully achieve MDG 6, despite our best efforts. Last year, as we set out to test more people, the highest number of new cases of HIV/AIDS was reported, representing an increase of 13 per cent compared to 2014. The ages of the persons

receiving an HIV-exposure diagnosis range from 16 to 63 years, and the age group most affected was the group from 25 to 34 years, which represented 41 per cent of all new cases. Intravenous drug use is now the most common mode of transmission for HIV, representing 47 per cent of new infections.

Despite these challenges, Seychelles has proved the integrity of its mandate to leave no one behind through our many accomplishments, beginning with our recognition of HIV as not just a health issue but one of human rights and social development. In fact, the right to health is enshrined in our Constitution itself, and on the basis of this principle that our health system has been developed, making universal health coverage possible for every citizen.

With this basic right for all at the core of our public health policy, we further ensure that testing and treatment of HIV through antiretroviral therapy is universally accessible and free. To date, we have also opened a wellness centre. We have worked with international partners to perform prevalence studies in key populations, such as last year's national study of sex workers, and we have seen an increasing number of non-governmental organizations and other civil-society actors playing a role in prevention and care programmes. Our two biggest achievements this past year are, first, the introduction of needle-exchange programmes as part of our comprehensive package for harm reduction in intravenous drug users, and secondly, and more importantly, the Government of Seychelles made a historic move to decriminalize homosexuality. All of these efforts are a testament to our commitment to ending AIDS by 2030.

Seychelles is prepared to intensify its efforts to adopt a fundamentally new approach to fighting AIDS, beginning with the fast-track response that we aim to achieve within the next five years. We commit to continuing in investing in treatment, prevention and eliminating discrimination, guaranteeing access to quality HIV-related services for all and leaving no one behind. However, as a small island developing State with a high prevalence of the disease, particularly in the vulnerable groups, Seychelles still requires financial assistance to combat AIDS. As of yet, we have not been able to benefit from the Global Fund to Fight AIDS, Tuberculosis and Malaria as an individual country. We are indeed grateful for the regional projects in which Seychelles has been able to participate, but we would like to underscore the importance of flexibility when it comes to qualifying for access to the Global Fund.

On this note, I urge all of us to unite to meet the shared ambition to end AIDS by 2030, as I declare on behalf of the Government of Seychelles that we fully support the Political Declaration (resolution 70/266, annex) adopted at this high-level meeting.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Israel.

Mr. Roet (Israel): For years, the international community has been working relentlessly to make concrete progress in the fight against HIV/AIDS, but the challenge before us remains immense. It is our responsibility to rally global commitment towards that life-saving goal.

In the 35 years since the HIV epidemic was identified, an estimated 76 million people have been infected with HIV, and 34 million have died of AIDS, leaving 14 million children without mothers and fathers. Globally, AIDS has become the leading cause of death among women of reproductive age and the second leading cause of death among adolescents. Yet 35 years later, there is hope. Together, as a global community, we have taken great strides in responding to the AIDS epidemic. Today, as part of the 2030 Agenda for Sustainable Development (resolution 70/1), Member States have unanimously committed to ending the epidemic of AIDS.

I can personally remember the days when absurd and hateful notions and the stigmatization of the lesbian, gay, bisexual and transgender community as the main carrier of the virus were common. That scapegoating led to people dying of fear and shame because they would not seek treatment. Today, with an ambitious yet wholly achievable target, we have a once-in-a-lifetime opportunity to change the course of history for ever — something our generation must do for future generations.

The AIDS epidemic is closely linked to other Sustainable Development Goals and targets of the 2030 Agenda. AIDS traps families and communities in a cycle of poverty; it deepens inequalities and exclusion. Ending AIDS means a new beginning for millions around the world. We must make the most of this turning point in the HIV epidemic. Through decisive and accountable leadership, we can revitalize and intensify the global response to HIV and AIDS.

Today, we reaffirm our commitment to fast-tracking the end of AIDS. Our responsibility as an international community is to stand by those who are the most affected and to make the end of the epidemic a reality. Achieving this critical goal will require bold steps and concrete actions. Israel believes that ending the AIDS epidemic will require at least doubling the number of people on life-changing treatments. Young girls and women must have access to education as well as to sexual and reproductive health services. It is incumbent upon us to provide key populations with full access to health services delivered with dignity and with respect. We must pursue innovations in science and technology to bring medicines and services to the greatest number of people. Thanks to medical advances, the cost of HIV treatment has been reduced from $15,000 per person per year to just $80. Dosages have been reduced from 18 pills a day to just one, and soon to just a single injection every four months.

Israel is blessed to have some of the best research and development centres in the world. Israeli scientists and innovation are making an impact. Let us imagine a world where humankind has eradicated HIV/AIDS and the virus is no longer a threat. A pair of researchers at the Hebrew University of Israel, Professor Abraham Loyter and Professor Assaf Friedler, are working tirelessly to make that exact dream a reality. They believe that they have developed a promising treatment that could compietely destroy HIV-infected human cells. Instead of simply preventing the replication of the virus, that new treatment has the potential to eradicate the virus completely.

Special efforts must also be dedicated to the prevention of the spread of the virus. The Israeli company Circ MedTech has developed Prepex, a non-surgical low-cost method of circumcision, which has been shown to reduce the likelihood of contracting HIV by nearly 60 per cent. Prepex has been used in over 100,000 procedures across 12 countries in Africa and Asia, and has received the prestigious Tech Award, also known as the Oscar of Silicon Valley, for its life-saving innovation. Awareness of this life-saving procedure is key, and that is why I am wearing a Prepex wristband today. Such scientific progress and new innovations have the potential to eradicate the epidemic once and for all. Science saves lives, and we must join together to intensify our efforts and investment in HIV research.

Allow me to stress that in order to ensure the success of this process, inclusion is the key. Israel believes that we must leave no one behind, and we cannot leave anyone out, especially the most vulnerable and the key populations. Excluding them from this forum will only push us farther away from achieving our goals. With global support and solidarity, we can and must reach the new target of the Sustainable Development Goals to end the AIDS epidemic as a public health threat by 2030.

At this high-level meeting, let us pay tribute to all those who have lost their lives to the epidemic by renewing our resolve — our resolve to continue the search for a cure, our resolve to develop life-saving solutions and our resolve to leave no one behind.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Belarus.

Mr. Dapkiunas (Belarus) (*spoke in Russian*): Today, it is my honour to deliver this statement on behalf of the President of the Republic of Belarus, Mr. Alyaksandr Lukashenko, to the participants in this high-level meeting on HIV/AIDS.

> "The health of any nation is the guarantee of its sustainable development and prosperity. In that regard, building a universally accessible and effective health-care system is a very important priority of the State policy of the Republic of Belarus.
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> "In recent years, the State has done a great deal to increase the share of its gross domestic product for health care. As I speak to the Assembly today, I wish, with a great sense of responsibility, to confirm our country's commitments to the Sustainable Development Goals, particularly to the Goal of providing for the healthful lives and well-being of all persons of any age. An integral part of our health-care policy are measures aimed at preventing the spread of HIV/AIDS. Questions of prophylaxis and treatment occupy an important place in our programme for the demographic health and safety of the people of the Republic of Belarus for the 2016-2020 period.
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> "In the past 10 years, the funds allocated from the State budget for HIV/AIDS treatment have grown more than threefold. National efforts have been strengthened, largely through effective partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria and with the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We are interested in pursuing our relationship with these organizations and call on the global community to continue to provide its full support.

"Belarus is working to reduce the cost of antiretroviral treatment so that we can treat all who require it. We understand the extreme importance of such treatment for countries in Eastern Europe and many other States around the world. That is why Belarus, together with the Global Fund and UNAIDS, is planning to conduct a related thematic interregional event in late 2016.

"In our view, based on our contemporary global experience, the HIV epidemic is a twenty-first-century manifestation of a social plague — the imperfect nature of society and shortfalls of the State. Our work targets and seeks to and help the vulnerable in our fight to counter discrimination and stigmatization. In order to help those who are ill return to normal life in society, we utilize the most contemporary methods and approaches. Moreover, we believe that it is only through a comprehensive multisectoral approach that measures to fight the spread of HIV/AIDS can be successful. Government agencies in the diverse fields of education, sports, social protection, health care and law enforcement must coordinate their work towards that end. At the same time, active and socially responsible civic groups and businesses play an important role.

"A clear priority of our policy is to provide family support based on traditional values. The family is the natural way to stop the spread of HIV/AIDS. We therefore strongly support young people in realizing their desire for a healthy family life. We call on all Governments to consider the fact that, in a highly competitive world, young people must not only spend time on education and professional endeavours, but must also have the desire and opportunity to create a family. This is a question of values and real social safeguards.

"In Belarus, we are convinced that it is impossible to end the epidemic without adequately addressing the illegal drug trade. Governments must be merciless in their response to those who produce and spread this plague. The increase in synthetic drugs is forcing us to take ever-tougher measures to fight drug trafficking, and we are confident that they will be effective. It is important to pool regional and global efforts in the fight against HIV/AIDS under UNAIDS and the World Health Organization. The partnership and solidarity of Governments, businesses and civil society are integral components of this success.

"Once again, I say that, in the future, Belarus will implement the UNAIDS 90-90-90 target and the Sustainable Development Goal of ending the epidemic by 2030".

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Colombia.

Mr. Morales López (Colombia) (*spoke in Spanish*): Colombia thanks the President for convening and organizing this high-level meeting and the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Secretariat for their support. We would also like to thank in particular the co-facilitators, Ambassador Lauber of Switzerland and Ambassador Kasese-Bota of Zambia, for their successful work.

This meeting is being held at a decisive moment in the response to HIV/AIDS, and it has the important task of not only of guiding and monitoring the progress made in the area of HIV, but also of promoting the fast-track in the fight against HIV over the next five years to set a course that will allow us to end the AIDS epidemic by 2030, as part of the commitments made by States with the adoption of the 2030 Agenda for Sustainable Development (resolution 70/1).

Colombia is aware of the great challenges that persist in the global fight against this epidemic, as AIDS remains a problem for public health and development and the progress achieved is fragile. Without a strong political commitment, significant international cooperation and consistent actions, the progress could be reversed. The epidemic in Colombia is concentrated, with a prevalence of 0.47 per cent of the overall population and a prevalence exceeding 5 per cent among men who have sex with men, transgender women, people who live on the street and intravenous drug users. Similarly, there are specific pockets of vulnerability among female sex workers, young men and women, displaced persons, women and prisoners, among other affected groups.

Our challenge is to increase the quality of care of people receiving treatment, since only 63 per cent of people achieve an undetectable viral load. In that regard, Colombia's response to HIV and AIDS has been framed in the context of the Millennium Development

Goals and in the Declaration of Commitment on HIV and AIDS, adopted by the General Assembly in 2001, and endorsed by the Political Declarations on HIV/AIDS in 2006 and 2011.

The country is committed to the 90-90-90 targets for 2020 agreed with UNAIDS and has followed the recommendations of the World Health Organization. It also supports the adoption of combined prevention strategies. The country is studying means to establish the adoption of strategies, such as the immediate treatment of diagnosed people regardless of the CD4 cell count; the acceptability of pre-exposure prophylaxis and the importance or not of making available to the public self-administered tests for HIV, all without neglecting traditional prevention strategies and promoting the use of condoms.

The international community must redouble its efforts to accelerate global progress in the fight against the epidemic. To that end, Colombia believes that actions must be focused on such key elements as social determining factors for health; prevention, including treatment as a means of prevention; access to affordable and quality medicines; the inclusion of a human rights approach in combating the epidemic; comprehensive sex education; and research and development to optimize the diagnosis and treatment and to make progress towards a possible cure.

Prevention efforts should focus more strongly on key population groups and have an impact on health factors that make them more vulnerable to infection and ensure access to preventive supplies, such as condoms, and in the case of intravenous drug users, disposable syringes and substitutes in order to reduce damage. Similarly, it is essential to promote and ensure treatments that improve the quality of life and prolong the life expectancy of people living with HIV, so that we can talk about treatment as prevention, because if more people are treated appropriately we can reduce the number of new infections in the general population.

The stigmatization of and discrimination against people living with HIV or affected by it are factors that have the greatest influence on the vulnerability of people who have difficulty accessing preventive services or assistance because of their sexual orientation or gender identity or because they are living with the virus. Their human rights are violated and they are rejected by their families, at their workplace or in educational institutions, or simply because their right to privacy in health services is violated. Consequently, Colombia's actions have been taken from the perspective of human rights, so that respect for human rights is promoted within the community.

Colombia considers it essential to address sexuality as a priority for public health action, given its recognition as an essentially human condition that compromises individuals at every moment of their lives. This allows them to avoid a simple biological or medical assessment so as to address the epidemic from a social perspective with all its determinants within a rights-based framework.

Our country recognizes that sexual and reproductive rights are inviolable human rights that must be recognized, promoted and protected for all people without any discrimination. Similarly, sexual and reproductive health is necessary for the physical well-being of individuals. Ensuring access to quality sexual and reproductive health services contributes decisively to the empowerment of people, gender equality and the full, satisfactory, informed, free and responsible enjoyment of sexuality and reproduction by those who are able to enjoy it.

Colombia has always been in favour of a joint response on the part of the State and civil society. In our country, we have had important experiences in which the firm support of community agents belonging to key populations have been fundamental to prevention, the promotion of rights, greater access to comprehensive care and the generation of productive projects, among other initiatives.

One of the main problems that States face in access to medicines is related to their high cost. Therefore, ensuring the affordability of medicines is one of the major challenges facing health systems. In that sense, it is essential to implement strategies to remove barriers to access to safe, effective and good-quality medicines, such as investments, technology transfers and technical support to further strengthen health systems and generate positive impacts in the development of a robust local pharmaceutical production with local capacities.

We must recognize that the fight against this epidemic poses major challenges to States, particularly with regard to financing. Bearing in mind that public health resources are scarce and compete with other priorities, there is a crucial need for innovative international cooperation strategies that allow us to fast-track the global response to HIV, including the

transfer and dissemination of technology on favourable terms, including concessional and preferential terms for developing countries.

Financing the response provides an opportunity to end the epidemic, and while my country is not without its difficulties, Colombia will allocate the resources necessary for awareness-raising and prevention, particularly the diagnosis, care and treatment of people living with HIV/AIDS. Moreover, over the past year the country has invested some $130 million in response to the epidemic, to which $6 million were added by the Global Fund to fight AIDS, Tuberculosis and Malaria, mainly to strengthen community-based action involving key populations.

We are convinced that much work lies ahead, both nationally and internationally. That is why today Colombia is reaffirming its political commitment to the fight against HIV/AIDS with a view to eliminating the epidemic by 2030.

The Acting President (*spoke in Spanish*): I give the floor to the representative of Bulgaria.

Mr. Tafrov (Bulgaria) (*spoke in French*): Bulgaria aligns itself with the statement delivered on behalf of the European Union (see A/70/PV.99). I would like to add a few remarks in my national capacity.

Bulgaria welcomes the report of the Secretary-General entitled "On the fast track to ending the AIDS epidemic" (A/70/811) and firmly supports the approach based on human rights and gender equality. Bulgaria is also pleased to recall the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016-2021 Strategy and is committed to its implementation. I would emphasize in particular, in accordance with the 2030 Agenda for Sustainable Development (resolution 70/1), the importance of the principle of leaving no one behind, particularly those most affected, most at risk and most vulnerable and marginalized due to HIV/AIDS, and those who suffer multiple and overlapping forms of discrimination. That includes key populations and those subject to the crimes of stigmatization and hatred due to their sexual orientation or gender identity.

Further efforts are needed to end all forms of violence and discrimination, without distinction of any kind. The enjoyment by women and girls of all human rights in all their diversity, including sexual and reproductive rights, the accelerated achievement of gender equality, the empowerment of women and girls, and the elimination of all forms of gender-based violence and harmful practices must be at the forefront of any comprehensive action. Bulgaria views with deep concern the findings on the increased vulnerability of adolescents and young people, especially adolescent girls — who are most at risk — with regard to the AIDS epidemic. There is an urgent need to strengthen prevention efforts and provide universal access, comprehensive sexuality education and non-judgmental and confidential services. It is unacceptable that so many young people lack adequate knowledge about HIV prevention.

Bulgaria has adopted a sustainable policy in the fight against HIV/AIDS. To date, the country has recorded a total of 2,350 cases of HIV/AIDS. Given that it is located in Eastern Europe — a region which, sadly, has seen the most rapid and spectacular development of the epidemic over the past 10 years — my country has prioritized effective prevention efforts as a way to maintain Bulgaria's low prevalence rate of the epidemic.

It has been 20 years since the Bulgarian Government established the National Committee for the Prevention and Control of HIV/AIDS, which includes representatives of governmental and non-governmental organizations (NGOs). This year, Bulgaria adopted its third national programme for the prevention and control of HIV and sexually transmitted infections for the period 2016-2020, which establishes updated requirements and new policies for international organizations, including the World Health Organization Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021; the European Union long-term surveillance strategy 2014-2020; the European Monitoring Centre for Drugs and Drug Addiction; and the key indicators of UNAIDS, namely, the 90-90-90 targets. During the past 20 years, the Ministry of Health of Bulgaria has provided and continues to provide funds to purchase antiretroviral drugs for all people living with HIV/AIDS and to monitor their treatment. It is important to stress that all people living with HIV/AIDS in Bulgaria have equal and free access to up-to-date antiretroviral therapy, regardless of their status of health insurance.

Over the past 10 years, with the financial support of the Global Fund against AIDS, Tuberculosis and Malaria, Bulgaria has established a large-scale HIV prevention programme for the most vulnerable. We have put in place a network of 50 NGOs, 35 preventive health centres, 19 clinics for anonymous, free HIV testing and counseling, 17 mobile medical units and a

network of 18 youth clubs offering peer-based learning opportunities. The programme annually provides medical prevention services to over 50,000 people who are the most vulnerable to HIV/AIDS. In addition, more than 110,000 children and young people at risk participate in special, individualized on-site activities and campaigns on risk-free sexual behavior. The Bulgarian Government will continue increasing its financial commitment to strengthen prevention and health advocacy activities.

Bulgaria underlines the importance of providing integrated, holistic and high-quality services that respect the right to health care for all, including by training medical personnel in human rights. The support of women's rights organizations, community networks, organizations of people living with HIV/AIDS, groups led by young people and human rights activists, who play a crucial role in strengthening health systems and in the delivery of services, will be of crucial importance to achieving the common goal of ending the AIDS epidemic by 2030.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Nicaragua.

Mrs. Rubiales de Chamorro (Nicaragua) (*spoke in Spanish*): The Nicaraguan delegation welcomes the convening of this important high-level meeting, which merits the attention and commitment of the entire international community.

The Nicaraguan Government, led by President Daniel Ortega Saavedra, is committed to the protection and promotion of people's human rights. Reaffirming the right to health care and free access to health services is a priority of our Government, as is reaffirming other human rights, including the right to development, as set forth in our country's Constitution. The Sandinista Government has created an HIV policy providing cost-free prevention and diagnostic services. The political goodwill of the Government and the private sector has allowed us to set an example for the region in our national response to HIV.

Our Government works together with various organizations and associations of people living with HIV/AIDS. We have seen progress at the national level, and, to date, we have achieved greater national coverage. Previously, people with HIV had a single referral hospital for care and medications, whereas now we have more than 53 health units that provide such care. That reflects the Government's interest in decreasing the mortality of people with HIV by facilitating access to treatment and improving the quality of life of Nicaraguans who have the virus.

We are working in the universities, in communities and directly with young people by appealing to their conscience to prevent infection and the spread of the HIV/AIDS virus through the medium of films and documentaries that explain the risks and how to prevent the disease.

Since 2007, Nicaragua has had in place a national solidarity plan for people with HIV/AIDS, and the date of 18 May is now a Day of Solidarity with People with HIV/AIDS. As part of the festivities, every year the Ministry of Health and the Nicaraguan AIDS Commission organize various awareness-raising activities for Nicaraguans that focus on preventing the HIV epidemic. And we also promote solidarity with persons affected by the virus in order to decrease stigma and discrimination against them and their families.

Such Government support has allowed for multisectoral participation and the restoration of rights to our brothers and sisters affected by that epidemic. The goodwill has led to policies and laws such as Law No. 820, which guarantees the rights of people with HIV/AIDS. Adopted in 2012, the "Law for the promotion, protection and defence of human rights for HIV/AIDS prevention and care" aims at ensuring respect and protection for human rights with an emphasis on comprehensive HIV-related health care, by ensuring universal access to antiretroviral therapy treatment, to treatment for communicable diseases and access to condoms and other contraceptive methods for prevention. In that regard, priority is given to people with HIV/AIDS, to the most vulnerable and at-risk populations and the population at large.

Today, all HIV/AIDS testing kits are purchased with Government funds, making it possible not to depend entirely on external cooperation. The population now has access to affordable tests to detect the virus. Rapid tests for HIV are available in all rural and urban centres. Annually, we diagnose about 1,200 people infected with the virus, out of 360,000 tests carried out annually. We give priority to pregnant women, which has reduced mother-to-child transmission. Currently, only two children out of every 100 infected women are born with the virus. Our Government has shown its commitment to this struggle, in terms of both preventing and managing HIV/AIDS. Our progress will

enable us to eliminate mother-to-child transmission and improve treatment and care in the health units.

We will continue to face challenges, but our commitment is firm and we will continue to work hard in unity and harmony with all stakeholders involved to provide better attention to orphans and their families, to ensure a better quality of life for people with HIV, including their integration in the labour market, housing and health, among other things, and also improving a new registration and information system. We are going to meet those challenges in the framework of our work, which we perform with dedication, care, affection and quality.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Cabo Verde.

Mr. Ferreira (Cabo Verde) (*spoke in French*): First of all, let me thank the President for the holding of this high-level meeting on HIV-AIDS, which is taking place at a time of great importance for the implementation of the 2030 Agenda for Sustainable Development (resolution 70/1).

In line with the African common position, the Government of Cabo Verde recognizes the fact and the interest of this meeting as a platform for the development of a future global convention with a view of eliminating AIDS by 2030, which would set out, among other things, measures for prompt implementation that are vital to ensure its success; prevent, identify and ensure the necessary financial commitments for its implementation; and define targets, deadlines and follow-up mechanisms. The post-2015 development agenda includes in goal 3.3 ending the AIDS epidemic, tuberculosis and other communicable diseases by 2030.

To ensure that we are on the right path to fight and put an end to this epidemic, we need the actions and commitments made in the Political Declaration on HIV and AIDS (resolution 70/266, annex), which we just adopted, to be effectively implemented. Sub-Saharan Africa is still the area most affected by the epidemic. Women and girls are among the most affected portion of the population and at the highest risk of infection, which poses a serious problem for the continent's sustainable development.

My Government is convinced that, in order to put an end to the HIV/AIDS epidemic, we will without doubt need to reduce poverty, but also to know how to promote and protect human rights by combining them with the necessary and effective wherewithal to do so. It will undoubtedly be important to ensure access to, and the supply of, high-quality medications and products, to have available the requisite technological transfers and to strengthen the capacities of our national institutions and community systems so we can consolidate a multisectoral response. All of that has to be part of our priority in this fight.

We reiterate our belief that, in fighting the epidemic, we need to respect human rights. In particular, we need to secure the rights to education, to physical and mental health and to universal and non-discriminatory access to health-care services. Moreover, we are firmly convinced of the importance of fighting all forms of violence against women and gender-based violence. The promotion of gender equality and the empowerment of women and girls is urgent. Eliminating stigma and discrimination is most urgent.

Cabo Verde has made significant and substantial progress in the prevention and treatment of HIV/AIDS, mainly with the introduction of antiretroviral drugs in 2004. The epidemic in my country has a concentrated profile, with a prevalence of 0.8 per cent in the general population.

In order to provide a tangible response to the epidemic, national authorities have implemented national strategic plans to fight AIDS, which are multidimensional and include all stakeholders in the public sphere, governmental or municipal, as well as civil society, including the private sector. At the same time, we need to develop support measures for the most vulnerable populations, particularly key high-risk populations. In that regard, we have integrated essential elements for awareness-raising and the fight against HIV in the mandatory education curriculums. We have strengthened activities for young people concerning sexually transmitted infections and HIV and programmes to raise awareness of, promote and distribute birth control.

We also highlight our positive results in the prevention of mother-to-child transmission of HIV/AIDS, thanks to a more robust health-care system, efforts to improve access to sexual and reproductive health-care services, and reproductive rights. Today, over 96 per cent of pregnant women get tested for HIV, and those who are infected benefit from 100 per cent coverage for antiretroviral therapy, which has allowed us to reduce mother-to-child transmission.

We are pleased that the 2016 Political Declaration has taken into account the priorities of small island developing States, middle-income countries and countries that have recently graduated out of the least developed countries category. Nevertheless, we remain convinced that the financing needs of countries with special circumstances must be addressed in the framework of international cooperation, bearing in mind the principles of shared responsibility and global solidarity, with a view to significantly increase national resources for a sustainable response to AIDS.

Finally, since the fight against HIV/AIDS is a global challenge, it requires global action and global leadership based on coherent interventions and the responsibility of one and all.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Uruguay.

Mrs. Carrión (Uruguay) (*spoke in Spanish*): While significant progress has been made in recent years to reduce the scourge of HIV/AIDS, many challenges still lie ahead. Indeed, the HIV/AIDS epidemic remains a threat to millions of people worldwide, which is why we attach great importance to the holding of this high-level meeting to advance the goal of ending the epidemic by 2030.

The Latin American and the Caribbean region still has the highest levels of HIV/AIDS after Africa. In this regard, international cooperation is essential to maintaining and expanding the sources of funding for a response to HIV, ensuring that all infected persons have access to antiretroviral drugs, and maximizing national efforts.

In recent years, Uruguay has made substantial progress regarding the social determinants of HIV/AIDS, and has developed strategic actions that have helped make headway against the epidemic, resulting in many achievements. The AIDS mortality rate began to stabilize in 2012; the rate of new cases has been declining since 2013, and late diagnoses have also declined; the number of people undergoing antiretroviral treatment has increased, and vertical transmission of HIV decreased from 8.3 per cent in 2005 to less than 2 per cent in 2015.

Despite these improvements, many challenges remain. The vertical transmission of HIV and syphilis and HIV/AIDS morbidity and mortality are two of the fifteen critical issues that the Ministry of Public Health has prioritized in the current five-year term. Our national health objectives include reducing the incidence of HIV and the AIDS mortality rate, increasing diagnosis rates among those infected with HIV, expanding the coverage of antiretroviral treatment, and reaching and sustaining the targets of eliminating congenital syphilis and the vertical transmission of HIV.

Uruguay recognizes the particular vulnerability of key populations, such as men who have sex with men, gay and transgender persons, sex workers, persons deprived of their liberty, drug users and women living with HIV in situations of sexual and gender-based violence. We must promote policies that specifically name these groups in order to prevent them from becoming invisible by generically labelling them "key populations" in all normative and political activities.

We are greatly concerned about persistently high levels of stigmatization and discrimination against people living with HIV, which are the main obstacles to their full enjoyment of their rights. It is essential to eliminate norms that foster discrimination against the lesbian, gay, bisexual, transgender and intersex community and to promote campaigns to ensure the rights of all its members.

Uruguay calls for greater involvement in the education sector, where a majority of adolescents and young people can be reached, and the expansion of formal and informal sexual education programmes and access to methods of protection. We must provide new centres for rapid, free, and accessible diagnoses that will boost participation in the health-care system. It is also important to demedicalize access to testing and male and female condoms. In so doing, we promote greater access to effective treatment with psychological support.

Uruguay is working intensively to reach the 90-90-90 targets by 2020, the attainment of which would enable us to end the epidemic by 2030 and thereby meet target 3.3 of the Sustainable Development Goals (resolution 70/1) to eliminate this scourge.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of the Czech Republic.

Mr. Ellinger (Czech Republic): On behalf of the Czech Republic, let me commend the international community and all partners for the progress made in the field of prevention and control of HIV/AIDS.

We particularly welcome the continuing inclusion of the issue among the priorities of the sustainable development framework, most notably in the 2030 Agenda for Sustainable Development (resolution 70/1).

The Czech Republic fully aligns itself with the statement made on behalf of the European Union and its member States. We remain committed to contributing to the global fight against HIV/AIDS, leaving no one behind, and ending the epidemic by 2030, as set out in target 3.3 of the Sustainable Development Goals.

In response to the existing global HIV/AIDS burden, we have strengthened our national response and efforts towards the prevention and control of HIV/AIDS, and we welcome international experience and good practices in this field. Our national framework for action is now defined mainly by the national programme for HIV/AIDS management, together with the Health Protection Act and other related legislation. Given the ongoing developments in HIV/AIDS prevention and control, we are currently preparing an updated version of the national programme, taking on board all relevant stakeholders and building on both national and international evidence.

At the same time, we are convinced that existing measures are already enabling us to use effective tools in the fight against HIV/AIDS, such as supporting health literacy and strengthening health education beginning in early childhood, developing and extending the accessibility of services for anonymous HIV testing, increasing the accessibility and affordability of quality treatment and care, protecting vulnerable populations from intentional or reckless transmission, avoiding mother-to-child transmission and many other measures, while protecting and promoting the human rights of people living with, at risk of and affected by HIV/AIDS. We also seek to proactively remedy cases of discrimination in order to eliminate the stigmatization of vulnerable groups.

It is in this spirit that we endorse the present Political Declaration (resolution 70/266, annex), and we aim to use its principles in dealing with the challenges of HIV prevention. We are also convinced that further tailored regional and national responses are needed to address the needs of individual countries more specifically.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Peru.

Mr. Meza-Cuadra (Peru) (*spoke in Spanish*): At the outset, allow me to express the satisfaction of my delegation at the holding of this high-level meeting on HIV/AIDS, which represents a unique opportunity for States to commit themselves to working on accelerating the response to HIV to allow our planet to put an end to the AIDS epidemic by 2030, in the light of the Sustainable Development Goals and in particular target 3.3, which points to the elimination of this epidemic, among other diseases, during this time frame.

This meeting, along with the recently adopted Political Declaration on HIV and AIDS (resolution 70/266, annex), which our country is committed to and welcomes, will be essential to building on the momentum that has already been created in the fight against HIV/AIDS and ensuring global commitment to putting an end to this epidemic forever. As part of the actions necessary to achieve this goal, it is essential to focus our efforts on key populations, as well as people living with HIV. We must ensure their access to information, preventive measures and antiretroviral treatment; the elimination of stigma and discrimination through the promotion of laws and policies to ensure the full enjoyment of all human rights and fundamental freedoms; and the investment in the provision of services and comprehensive health coverage.

In the case of Peru, another group that is particularly vulnerable to HIV is the indigenous Amazonian population, among whom ethnic prevalences of between 1 and 2 per cent are observed. In that case, geographical and cultural barriers hinder the access of these populations to preventive measures and comprehensive care. In our country, an important legal and regulatory framework respects, protects and promotes the full enjoyment of health and sexual and reproductive rights for all from a gender perspective with a focus on key populations, in accordance with the Peruvian reality and includes the Amazonian indigenous population.

In response to the specific situation of people living with HIV, in 1996 Peru adopted anti-AIDS legislation that ensures the voluntary nature of HIV testing, the confidentiality of diagnosis and the access to comprehensive care of this population group. Subsequently, in 2004, the Ministry of Health established a programme of universal and free access to combined antiretroviral therapy. This programme offers a free package of preventive interventions, including counselling, access to quick HIV testing, the supply of condoms, the treatment of sexually

transmitted infections and post-exposure prophylaxis, and takes advantage of the benefits of antiretroviral preventive treatment. Peru is also evaluating the future implementation of pre-exposure prophylaxis and reaffirms the importance of structural strategies, such as the fight against homophobia, transphobia and discrimination against people living with HIV.

Peru has adopted a multisectoral strategic plan for the prevention of sexually transmitted infections and HIV for the period 2015-2019, which includes the actions of eight sectors of the State and the participation of civil society. Also, plans focused on transgender women, indigenous Amazonian people and pregnant women living with HIV are being implemented. In addition, in terms of raising awareness among the general population, 10 June was established as National HIV Testing Day.

Thanks to these efforts, Peru has reduced AIDS mortality by 40 per cent and is considered one of the 10 countries in the world to have achieved this goal most quickly. Also, the rate of mother-to-child transmission of HIV has been reduced from 12 to 4 per cent over the past 10 years, and the country is committed to achieving the elimination of this form of transmission to 2021.

Looking ahead to the 90-90-90 targets, the baseline of the country in 2014 shows that the diagnostic coverage is 64 per cent, the coverage of treatment is 57 per cent and virologic suppression is 51 per cent. It will be possible to achieve the targets and put an end to the AIDS epidemic by 2030 only if we strengthen these actions and the commitment of the State and civil society.

In the past 5 years, the commitment of the Peruvian State to health has been reflected in important progress in universal health coverage, the progressive increase in funding for health and investments in health infrastructure. In this context, we highlight the progress achieved in our country in relation to the protection of the rights of key populations. Our efforts to put an end to AIDS by 2030 means that we will collectively respond quickly and seize the opportunities offered by the 2030 Agenda for Sustainable Development (resolution 70/1).

The Acting President (*spoke in Spanish*): I now give the floor to the representative of the Sudan.

Mr. Mohamed (Sudan) (*spoke in Arabic*): I am honoured to take part in this high-level meeting of the General Assembly on HIV/AIDS. I am also pleased to convey to the Assembly the warmest greetings of the President of the Sudan, His Excellency Mr Omar Hassan A. Al-Bashir, and his wishes for the Assembly to develop ambitious strategies and plans of action to eradicate AIDS by 2030.

The Sudanese delegation would like to take this opportunity to thank the co-facilitators from Zambia and Switzerland for their efforts aimed at reaching a compromise among Member States with regard to the Political Declaration (resolution 70/266, annex).

I align myself with the statement delivered by the Minister of Health of Zambia on behalf of the Group of African States.

This meeting is timely as it addresses the risks and challenges related to AIDS at the national, regional and international levels and examines the commitment of Member States to undertaking the efforts necessary to reduce the harm and risks of this epidemic. The significance of this meeting lies in particular in drawing the world's attention to the importance of accelerating the fight against HIV and to putting an end to the AIDS epidemic by 2030, as well as exerting concerted and synergized efforts to eradicate AIDS by 2030. Given the importance of this meeting, the Government of the Sudan is eager to carry out all the preparatory activities through the Groups of African and Arab States out of its eagerness to define positions and concepts and a common plan of action within the regional groups and among countries in order to put an end to the world's most threatening epidemic so far.

The Sudan remains committed to fulfilling its commitments to addressing AIDS, which is part of its implementation of its national commitments in terms of human rights, especially the right to health. The Sudan is fully equipped with the ethical and scientific criteria derived from heavenly religions and which have enabled it to be able to contain HIV/AIDS. Given our awareness of the risks posed by poverty and increased migration and displacement to the spread of AIDS, the Sudan has been addressing the root causes of the twin phenomena of poverty and migration at the national and regional levels. We are tirelessly working towards peace and consensus among the people of the Sudan through national dialogue, which can eventually contribute to the enhancement of health in general.

The Sudan continues to favour the integration of official and unofficial efforts to address AIDS, which was evident in the response of all sectors and fulfilment

of the role of civil-society organizations, which spared no effort in taking up the responsibility to fight AIDS as well as in playing a prominent role in the preparatory meetings held in Nairobi, Cairo and New York. The Sudan attaches special importance to the provision of health-care services to people with HIV within the framework of universal health coverage. In addition, we have integrated the health dimension into all our policies in order to guarantee a strong and effective response. That strategy serves as the foundation for the Sudan's vision with regard to health and achieving sustainable development by 2030.

The Sudan gives special priority to people living with HIV/AIDS. We are making coordinated efforts to change society's view of people with HIV/AIDS and to eliminate discrimination and stigma, which would serve as the basis for the realization of the 90-90-90 strategy. We hereby express our support for the Political Declaration, except for certain points on which we have reservations, as they contradict the cultural and ethical value system on which we base our policies. Nevertheless, we declare our commitment to eradicating AIDS by 2030.

Our delegation would like to take this opportunity to express its dismay at the sanctions that are impeding the development and growth of the Sudan, which constitute a great challenge. We urge the international community to help the Sudan by lifting those unjust and unfair sanctions, which, inter alia, have hindered our efforts to fight AIDS and have compromised our ability to implement a system of fundamental human rights in the Sudan, including the right to health.

In conclusion, the Sudan, like all other countries affected by the AIDS epidemic, seeks to develop an effective partnership with the international community in order to secure the necessary resources and build capacity to guarantee the implementation of national strategies aimed at development and prosperity and to putting an end to the epidemic by 2030. My delegation reiterates its position with respect to the important role of the family and cultural and religious values in the fight against HIV/AIDS and emphasizes the importance of national sovereignty among the rights of all Member States under the Charter of the United Nations and the principles of international law.

The meeting rose at 1.30 p.m.